Role of Chlamydia Trachomatis and Genital Tuberculosis in Primary Infertility

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Abstract:

Pelvic inflammatory disease (PID) is the most common cause of tubal disease as a cause of primary infertility. This study aimed to assess the rate of M. tuberculosis and C. trachomatis infections in patients with tubal factor infertility. Methods: One hundred twenty women with primary infertility and abnormal Hysterosalpingography were enrolled as a studied group and 60 infertile women with polycystic ovary as the only cause of infertility and normal Hysterosalpingography as a control group. Laparoscopy was performed and biopsy was taken for histopathological study. ELISA detection for Mycobacterium tuberculosis and C. trachomatis IgG antibodies was done. PCR for detection mpt64 gene of M. tuberculosis and C. trachomatis plasmid DNA also were done. Results: IgG for M.tuberculosis were +ve in 96 cases (80%) of the studied group and it was +ve in 46 cases (76.7%) of the control group with no statistical significant difference. Only 17 cases (18.9%) of the study group showed +ve results for mpt64 gene of M. tuberculosis. IgG for C. trachomatis were +ve in 43 cases (47.8%) of the study group and it was +ve in 5 cases (13.3%) of the control group with height statistical significant difference. The +ve titers range from >5 IU to 40 IU. PCR was done for Chlamydia in peritoneal fluid only 5 cases (5.6%) of the studied group was +ve for chlamydia PCR and it was –ve in all control groups. Conclusions: PCR for mpt64 gene of M. tuberculosis plays an important role in diagnosis of genital tuberculosis. Screening of infertile women for C. trachomatis is recommended in the first year of infertility, so that early therapeutic intervention can be instituted to allow women to conceive naturally.

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