

Prevalence of *Chlamydia trachomatis* among Iranian Women, Tehran, Iran

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Sexually transmitted infection (STIs) are a major global cause of acute illness, infertility, long term disability and death with severe medical psychological consequence for millions of men, women and infants. Meanwhile *Chlamydia trachomatis* which is a gram negative bacteria could place a heavy burden on women and neonatal health, consist of chronic pelvic pain, pelvic inflammatory disease, ectopic pregnancy, infertility, infant pneumonia and neonatal ophthalmia. The world health organization (WHO) estimated that 90 million cases occur annually on a global basis and in young women the proportion infected ranges from 8-40%, with a median of about 15%. In Iran the information about prevalence of *chlamydia trachomatis* is rare, so having more information could help to prepare complete statistic about situation of infection and also could help to mother and children healthy. In this study we had 3 groups of women who referred to gynecologist for genital problems, D&C or spontaneous abortion. With dacron swab, specimens were gathered and placed in 2sp medium for each patient and reservoir in -70°C refrigerator for molecular detection. Consequently with 2 pairs of primers Nested PCR were done. Our result revealed that the prevalence of *chlamydia trachomatis* among 3 groups in order of was 35%, 43%, 43.8%. Mean of prevalence between 3 groups was: 40.6%, there is not significant difference between 3 groups.

Key words: *Chlamydia trachomatis*, Genital infection, Prevalence.

Chlamydia trachomatis is a gram negative bacteria with a unique biphasic life cycle: Elementary body which is transmissible form of the organism capable of extracellular survival attaches to a susceptible epithelial cell to initiate the cycle and replicative form of the organism¹. In addition to ocular trachoma, *Chlamydia trachomatis* serovar D&K can cause genital infections in male and female with different consequences, from an

asymptomatic infections to symptomatic ectopic pregnancy or mucopurulent cervicitis, inflammatory disease (PID) in women or urethritis in males and pneumonia, neonatal ophthalmia in infant and children^{2,3}. According to the world health organization (WHO) in most countries *Chlamydia trachomatis* is the most common bacterial sexually transmitted infection worldwide^{4,5}. The prevalence of *Chlamydia trachomatis* in the world is different from one country to another, according to WHO information most of data comes from countries like USA, Britain, Sweden, Norway and Denmark but data from developing and undeveloping countries are rare or poor. The prevalence of *Chlamydia* in

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women of developing countries like Asian or African countries is rare and spreading.

MATERIALS AND METHODS

Bacterial isolates

In the present descriptive study 200 patients in 3 groups were enrolled: group 1 consisted of 100 women who referred to gynecologist at Imam Hossein hospital, Tehran, Iran for having vaginal discharge with bleeding, abdominal pain or dysuria. Group 2: 50 women with oligomenorrhea or hypermenorrhea having D&C in surgery room. Group 3: 50 pregnant women who had spontaneous abortion in surgery room. For all specimens (a Dacron swab with entrance to endocervical canal and rotate it for 60 seconds were taken then the swabs were placed in 2sp (2-sucrose phosphate transport medium) and placed on ice then transfer to laboratory of molecular microbiology, faculty of medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran. refrigerated at -70 °C for next work.

DNA Extraction and nested PCR: DNA was extracted from bacteria by using DNA isolation

columns (Bioneer Korea) according to the manufacturer's procedures. By designing a pair of primers which amplified a 500 bp fragment of OMPA gene. Nested PCR were done, with following protocol:

External Primers for PCR1: TGA ACC AAGCCTTATGATCCAC, TAGAGGCATCCTTAGTTCCTG

Internal Primers for PCR2: TTG GTG TGA CGC TAT CAG CAT G, AGC ATA TTG GAA TGA AGC TCC

PCR1: Primer forward=0.5 µl, primer reverse: 0.5 µl, DNA template 5 µl, Mastermix 12 µl, H₂O 7 µl. **total volume=25 µl.**

PCR2: Primer forward=0.5 µl, primer reverse: 0.5 µl, DNA template 5 µl, Mastermix 12 µl, H₂O 7 µl.

total volume=25 µl.

RESULTS

From 200 patients in this study, 80 cases were positive for *Chlamydia trachomatis*. In table 1 the prevalence of *Chlamydia trachomatis* in 3 groups were shown: group 1 consist of 100 women

Table 1. Prevalence of chlamydia Trachomatis among 3 groups of women:

	Positive result for PCR	Negative result for PCR	TOTAL
GROUP 1	N=35 F=35%	N=65 F=65%	100
GROUP 2	N=21 F=42%	N=29 F=58%	50
GROUP 3	N=22 F=44%	N=28 F=56%	50
			Pvalue=0.345 (α=0.05)

N=Number, F=Frequency

GROUP 2 = patients refer for D&C

GROUP 1 = patients with cervicitis

GROUP 3 = patients with spontaneous generation

Table 2. The mean age of women among 3 groups

	Mean age	Total number
Group 1	36.2	100
Group 2	39.2	50
Group 3	27	50

GROUP 1 = patients with cervicitis

GROUP 2 = patients refer for D&C

GROUP 3 = patients with spontaneous generation

(35 number were positive =35%), group 2 consist of 50 women (21 number were positive =42%) and group 3 consist of 50 women (22 number were positive =44%). The mean of prevalence among 3 groups is 40% and there are not a significant difference between 3 groups. The mean age of group 1 was 36.2, group 2 was 39.2 and group 3 was 27 year old.

DISCUSSION

According to CDC information the prevalence of chlamydia trachomatis in American women from 1989 through 2008, were risen from 102.5 to 401.3 cases per 100,000 population^{6,7}. In European women by information from ECDC was 203/100000 population in 2010(5,8). In different countries of Asia there are different report of prevalence. In a recent study The prevalence of CT in south India was 10.5% in both male and female⁹. and in men from Taiwan was 7.9%¹⁰ and in female student with active sexual behaviour was 12.5%¹¹. In Bangladesh the prevalence of bacteria in women with cervicitis was 21.6% and in asymptomatic women was 44.1%¹² another study in Bangladesh of sex worker women and sexually active women was 58% and 27%¹³.

In Tehran, Iran the prevalence of chlamydia trachomatis in women with cervicitis between 2003-2004 was 15.5%(14). with urine of pregnant women in east of Iran (sabzevar) the prevalence was 15.8%(15). with comparison of infertile women with fertile women the prevalence of chlamydia trachomatis was 29% and 19%.(16). Another study on pregnant women and their children the prevalence in women was 15.5% and their children with neonatal ophtamia was 11.7%.¹⁷). In zanzan Northwest of Iran women who referred to gynecologist was 10.3%¹⁸ and in north of Iran (Babol) was 14.6%¹⁹. Other study from women with sexually active behaviour age(15-50) the prevalence was 14.9%.²⁰.

In Our study with symptomatic women among 3 groups consist of women with bleeding ,abdominal pain ,vaginal discharge or referring for D&C or spontaneous abortion determined the prevalence of bacteria in order was 35%,42%,44% which notice to high prevalence of chlamydia trachomatis in women., so it is important to pay attention of controlling programme on women health in order to prevent spreading and transmitting bacteria to their partners or their infants and also wide spectrum of complications.

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