Prevalence of *Mycoplasma* and *Ureaplasma* spp. in routine gynecological care in Baix Empordà, Catalunya

Ribera Pérez, Marta¹, Aharchi Amgar Jamila¹, Malagón Corominas Cristian¹, Bouzón Campos Manuel², Almodovar Esther³, Obelleiro Campos Alexandre¹

Serveis de Salut Integrats del Baix Empordà, Hospital de Palamós (1) Facultad de Farmacia, Universidad de Santiago de Compostela (2) Hospital Torrecárdenas, Servicio Andaluz de Salud (3)

BACKGOUND-AIM

Ureaplasmas (Ureaplasma urealyticum (UU) and Ureaplasma parvum(UP)) and mycoplasmas (Mycoplasma genitalium (MG) and Mycoplasma hominis(MH)) are frequently isolated from the genital tract. They are potentially pathogenic species that play a controversial etiological role. Some publications relate these colonizations with abortions in the first trimester, non-gonococcal urethritis and/or success in fertility treatments.

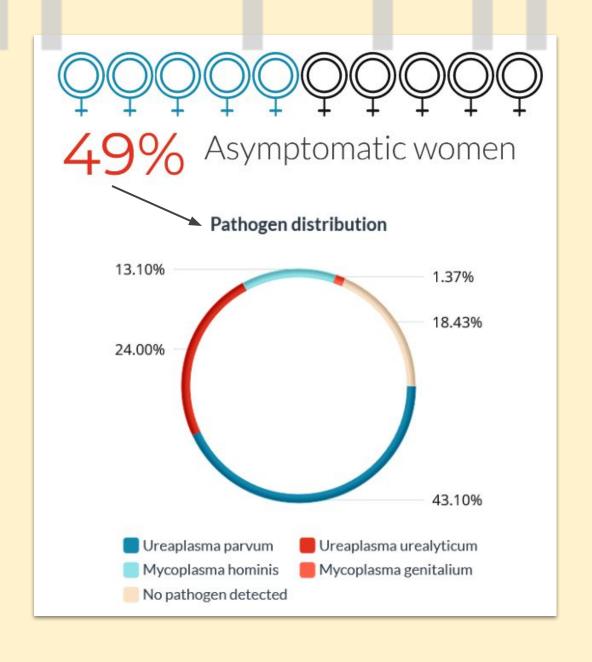
The aim of this study consists of evaluating the prevalence of mycoplasmas and ureaplasmas in the routine asymptomatic gynecological population.

METHODS

It consists of a 24-month retrospective descriptive study, based on the analysis of molecular diagnostic results from our laboratory. The sampling was random and included women of childbearing age (age range: 16-45 years) who attended the gynecology service. The detection of UU, UP, MG and MH was carried out from genital swabs by multiplex PCR.

RESULTS

A total of 2429 women met the inclusion criteria, 49% of the patients did not report any type of abdominal and/or genital symptoms in the last two weeks. Among the 1190 asymptomatic women, the prevalence of pathogens was 81.57%, with the following distribution: U. parvum 43.1%, U. urealyticum 24%, M. hominis 13.1% and M. genitalium 1,37%. In 29 (1.20%) positive patients, Ureaplasma spp and Mycoplasma hominis co-infection was recorded, all of them were between 18 and 29 years of age.



CONCLUSION

Data show that a high rate of women of childbearing age harbor these microorganisms in their genital microbiota. We believe that our research can be used to consider whether asymptomatic samples should be screened for M. genitalium, M. hominis, U. ueralyticum, and U. parvum. mainly in pregnant women and in asymptomatic women under study for fertility. In subsequent studies we suggest establishing possible pathogenic links and/or success in assisted reproduction treatments.

