

Neuroendocrinal disturbances of menstrual cycle

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Chlamydia trachomatis detection in different urogenital samples

Contemporary concepts concerning etiology, pathogenesis and therapy principles of neuroendocrinal disturbances are reflected in this lecture.

The results of Chlamydia trachomatis detection in different urogenital samples (vagina, cervix, urethra, urine) are presented in this report. The study was carried out for the period of 1999 to 2000. A total of 397 women and 253 men were examined. Cervical, urethral and vaginal swabs from women, and urethral, first voided urine (FVU) specimens from men were tested.

For diagnosis of Chlamydia, trachomatis the following methods were used: polymerase chain reaction (PCR), direct immunofluorescence test (DIF) and cell culture (CC). In male samples, more often chlamydiae were detected in the urethra (11.6%), more rarely – in the FVU (6%). When female samples were tested, more often C.trachomatis was found in the vagina (18.4%), and less often – in the cervix (14.4) and the urethra (8.8%).

The sensitivity and specificity of the methods used to test urogenital samples were determined. The PCR sensitivity and specificity was shown to be 75 and 100% for C.trachomatis detection in the cervix, 75 and 97.5% - in the female urethra, and 63 and 99% - in the vagina, respectively. The PCR sensitivity and specificity was found to be 78 and 100% in the male urethral specimens and 100 and 99.6% in the FVU, respectively.

The sensitivity of cell culture method used for chlamydiae detection in cervical, female and male urethral samples was low – 33.9, 47.1 and 50% respectively. The CC specificity was 100%.

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Pooling Endocervical Samples for Chlamydia trachomatis Diagnosis by Polymerase Chain Reaction: Cost Saving Strategy for Epidemiological and Screening Studies

The technique of pooling endocervical samples for PCR detection of C.trachomatis was developed and compared with individual testing. The efficiency of pooling strategy was evaluated for its accuracy and cost saving ability. Population prevalence based on pooled data was estimated. 1.500 endocervical samples were tested individually and pooled by 5 (300 pools) and 10 (150 pools) specimens. The sensitivity and specificity of PCR was not affected by pooling either by 5 or by 10 samples. The estimated prevalence was 6.1% (95% CI: 4.5-7.7) and 6.0% (95% CI: 4.3-7.7) for pooling by 5 and 10, respectively. The prevalence of 6.6% determined by individual testing (99 of 1.500) was within 95% CI of the estimated prevalence for pooling by 5 and 10. The used pooling strategy has resulted in 53.3 and 44.0% cost savings, when endocervical samples were pooled by 5 and 10, respectively. Thus, pooling endocervical samples for detection of C.trachomatis is an accurate and cost saving approach for realization of large-scale studies.

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Problem of the contemporary diagnostics of womb adenomyosis

This article is dedicated to the review of contemporary methods of womb adenomyosis.

Authors have performed the analysis of literature data about diagnostic informationness of various histological verification disease methods and have determined main tendencies of these methods improvement, have discussed perspectives.

J. V. Tseliov, V. G. Abashin

What we know about the first learned midwives of Russia?

"It's not unknown how many evil consequences for those giving birth in the absence of scientists and skillful attendants occur every day?, and it often happens that these poor women in labor are in their torment, and even sinless babies, for the same grandmothers called art, are not only for life with injury to one or the other remain, but life itself is prematurely deprived ..."

P.Z.Kondoidi, 1754