FCP112

PREVALENCE OF CANDIDA SPP AND BACTERIA IN THE VAGINAL CULTURES OF PREGNANT WOMEN

***Biri A., **Kalkancı A., **Bozdayı G., *Turp A., **Dinç B., **Kuştimur S.**, *Gazi University Faculty of Medicine Departments of *Gynecology and Obstetrics, **Microbiology, Ankara – Turkey*

Pregnancy predisposes individuals to bacterial and fungal infections of urinary and genital systems. Several studies report increased rates of asymptomatic vaginal carriage rates of yeasts, including Candida species and incidence of symptomatic infection in pregnant women. In the period of pregnancy, there is a reduction in the prevalence and concentration of lactobacilli. Yet the pathogenesis of vaginitis remains.

In this study, we report the prevalence of Candida strains and bacterial strains in tha vaginal cultures of 71 pregnant women. Percentage of positive cultures in pregnant women reached 27%. Candida strains were isolated with the percentage of 24% from all of the patients. Candida sp. and plus Escherichia coli was isolated in a patient (1%). Candida sp. and plus coagulase negative Staphylococcus sp. was isolated in a patient (1%). 12 Candida albicans (63%), 4 Candida glabrata (21%), 1 Candida tropicalis (5%), 1 Candida parapsilosis (5%), 1 Candida tropicalis and plus Candida albicans (5%) were identified among 19 Candida strains according to classiccal mycological methods.

Among pregnant women, both asymptomatic and symptomatic vaginitis caused bacterial and fungal microorganisms could be detected. We found that vaginal candidiasis is the most frequent clinical concern in the group of pregnant women. The effects of vaginal infections on the pregnancy, preterm labor and neonatal infections must be evaluated with further studies.

FCP113

DIFFICULTIES IN THE LABORATORY DIAGNOSIS OF CONGENITAL TOXOPLASMOSIS

***Biri A., **Bozdayı G., **Kuştimur S., ***Özensoy Töz S., ****Türkyılmaz C., *****Yücel A., ***Dayangaç N., ***Gürüz Y.**, *Gazi University, Faculty of Medicine, Departmants of *Gynecology and Obstetrics, **Microbiology and Clinic Microbiology, ****Paediatrics, *****Immunology, ***Ege University School of Medicine Department of Parasitology, İzmir – Turkey*

The protozoan Toxoplasma gondii is an obligate intracellular parasite that infects humans and a broad spectrum of vertebrate hosts. Of the 15 to 85% of world human population is chronically infected with T.gondii depending on geographical location. The aim of this study was to detect the DNA of T.gondii by using either a two-step PCR method and serological assays to investigate the intrauterine infection in the amniotic fluid and blood of a pregnant woman.

Patient was 24 years old and at the 16th weeks of pregnancy. IgM and IgG antibodies against T.gondii were measured by a sensitive chemiluminecent paramagnetic immunoassay system. IgM and IgG ELISA and IFAT IgG were performed by using in house antigens. ELISA immuncapture IgM assay was also performed. PCR: Following the DNA extraction, PCR was performed by using 2 different primer sets. T.gondii IgM, IgG antibodies, IgG avidity and PCR of amniotic fluid were found to be positive at the first trimester of the pregnancy. At the 16th week of pregnancy, T.gondii IgM became negative (ELISA Immuncapture IgM negative), while IgG antibodies were positive (IFAT IgG: 1/128; ELISA IgG 1/1024). PCR analysis by using two different primer sets derived form T.gondii B1 gene and performed in two different laboratories gave positive results at expected length. No symptom has been detected in the favor of toxoplasmosis by USG controls of the fetus. Patient gave a birth and no symptoms of toxoplasmosis by physical examination and other methods were detected in the baby.

In conclusion, due to possibility of the late onset of T.gondii infection, it is suggested that the baby should be followed for a long term.