treatment.

251. Hormonal Status and Mycoplasma Colonization in the Female Genital Tract

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Three hundred seventy-four cervical or vaginal specimens from patients with various hormonal states were cultured for Ureaplasma urealyticum (Ureaplasma). Significantly, low recovery rates of Ureaplasma were obtained in the prepuberty (5%), puerperium (24%), and postmenopause (25%) groups, whereas pregnant women showed the highest incidence of Ureaplasma (82%). The recovery rate of Ureaplasma from neonates was 42%. The incidence of Ureaplasma in sexually inactive females was significantly lower (40%) than that in sexually active nonpregnant women (67%). It is suggested that the serum level of estrogen or progesterone or both is an important factor for the occurrence of Ureaplasma. Possible modes of transmission other than sexual contact are also suggested.

Experimental colonization by Ureaplasma in the vagina of mice was planned to evaluate the hormonal effects. Colonization by this organism was greatly enhanced by administration of estrogen, while it was not affected by treatment with progesterone. Ureaplasma was recovered from almost half of the estrogen treated animals 7 days after inoculation and the organism persisted in all of these animals until 21 days post-inoculation, on the other hand, the organism was isolated in less than 20% of the untreated, progesterone treated, or danazol treated mice 7 days post-inoculation and was no longer isolated in any of these groups 21 days post-inoculation.

252. The Significance of Measuring IgM-TPHA in Cases of Syphilis during Pregnancy

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Purpose: In order to prevent transplacental Treponema pallidum infection, obstetricians and gynecologist must properly diagnosis and appropriately treat syphilis during the early stages of pregnancy. The present study is an attempt to measure fractionated TPHA as a means of determining proper antisyphilitic therapy.

Materials and Methods: If IgM-TPHA were to be detected in pregnant women with early syphilis, the authors would administer Amoxycillin for eight weeks. Even though relatively high antibody titre for STS or TPHA was apparent, just as long as IgM-TPHA was not detectable ten patients with congenital or late syphilis were observed without treatment. Fractionated TPHA was examined in the umbilical cord blood at the time of delivery and if no IgM-TPHA was detected, no therapy was given to the newborn infants. However careful follow up was made with reference to various serological tests for syphilis.

Results: The results showed that the level of STS of TPHA antibody titre gradually decreased in early syphilis, but these level changed little in late or congenital syphilis. The results demonstrated that in the newborn infants STS tests were negative within three months and TPHA tests were negative within six months following birth.

Conclusion: These results indicate that the need for treatment to prevent infection of the neonate may be based on the presence or absence of detectable IgM-TPHA.

253. The Actual Condition of Infection by Human Papilloma Virus in the Epithelium of the Uterine Cervix and Detection of Viral DNA


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The actual condition of infection by human papilloma virus (hereinafter abbreviated as HPV) in the epithelium of the uterine cervix and involvement of HPV-DNA in an abnormal epithelium were investigated.

1. The findings on cytological specimens which made us suspect HPV infection were obtained at around 0.1%. 2. In all the histological specimens, the rate of positive HPV infection was 35% on an average. 3. The immunohistological study (by PAP Method) revealed a positive rate of 38.4% even in invasive carcinoma. 4. Electron microscopy disclosed the presence of HPV viral particles in the nuclei of