

Human Genetics & Embryology

Letter to the Editor

A Letter to the Editor on *Mycoplasma hominis* Infection in Spontaneous Abortions in Thrace Population: Detection by PCR

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Dear Editor,

It was with great interest that we reviewed the article entitled "*Mycoplasma hominis* Infection in Spontaneous Abortions in Thrace Population: Detection by PCR" by Iliopoulou et al. in 2017 published in the Human Genetics and Embryology.

Incomplete pregnancy, including miscarriage, stillbirth and premature birth, has a major clinical concern for obstetricians and gynecologists. Spontaneous abortion and stillbirth are called as the termination of pregnancy before and after 20 weeks of pregnancy respectively [1]. Mycoplasmas represent some of the smallest and simplest free-living organisms known [2]. Mycoplasma hominis is associated with pelvic inflammatory disease, bacterial vaginosis, postpartum fever, sepsis and infections of the central nervous system often leading to serious conditions [3]. The role of Mycoplasma hominis in urogenital tract infections, remain unknown [4]. Lack of a cell wall makes these organisms naturally resistant to β - lactam antibiotics and not detectable by Gram staining. M. hominis is a recognized agent of genital infections in adults as well as of neonatal infections [5,6]. Mycoplasma causing harmful effects on the reproductive health of women has been confirmed with recurrent spontaneous abortion, ectopic pregnancy and preterm delivery. However, a positive correlation is not clear with infertility and M hominis. In addition to financial and physical disadvantages that abortion has on women, it is also important in case of emotional and social costs. Mycoplasma hominis bacteria are not feasible and not be detected with conventional laboratory methods [7]. Science this bacteria has no cell wall its resistance to beta-lactam antibiotics is not surprising and gram stain is not detectable, as well. M. hominis is a known infection of the genital tract in adults and infants [8,9]. Because the usual antibiotics are not active against Mycoplasma hominis, diagnosis of the infection caused by the bacterium becomes important especially for the extra-genital tract cases.

6 suggestions noticed on blow, especially, according to the results of several studies, can cause considerable outcome improvements on the published article by Iliopoulou et al. in 2017:

• As it is shown in a study by Otgonjargala et al. in 2017, the examination of more number of samples would change results. So using a greater sample size is suggested [3].

• Regarding the possibility of this infection existence even in normal individuals as reported by Farhadifar et al. in 2016, precise examination of infection is of great importance [10]. So, Real time PCR should be used to assess infection rate in abortion to detect the minimum amount of infection led to abortion [4,11].

• Due to the importance of *Mycoplasma hominis* infection and according to Safarkar et al. in 2017, real time PCR method is better to be used in order to increase rapidity, precision and sensitivity of intended evaluation [5].

• As it is reported that except *hominis*, there are 13 other species of mycoplasma involved in abortion, assessment of other infection is required [6].

• According to Campos et al. in 2015, which noted the elevated level of inflammatory cytokines in infection, the assessment of the amount of these cytokines seems to be useful [12].

• Regarding to the fact that this infection existed in not aborted fetuses, its assessment among normal individuals is suggested [10].

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