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, post-partum 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 pregnancy outcome. Its assessment among normal individuals is suggested 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].

References


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