Ureaplasma urealyticum detection

General:

Similar to mycoplasma species, ureaplasma belong to bacteria without cell wall (peptidoglycans). So far, 8 serotypes have been identified. U. urealyticum is found frequently in genital swabs (up to 50% of the cases), however, the clinical significance has to be discussed from case to case.

Significance: U. urealyticum occasionally causes bacteremia with high temperature after delivery, miscarriages, wound infects (e.g. after cesarean section), salpingitis, amnionitis and infections of the newborn. U. urealyticum is considered a cause of non-specific prostatitis. Infections should be excluded in infertility. Ureaplasma are detectable in 40-80 % of pregnant woman without specific symptoms. Endometrium- and amniotic fluid are rarely infected.

In cases of chorion amnionitis U. urealyticum can be detected frequently. Ureaplasma were also isolated in spontaneous miscarriages and stillbirths. In cervicitis and vaginitis mostly Mycoplasma hominis and to a lesser extent U. urealyticum are found.

Perinatal infection: Examinations of newborns showed that U. urealyticum is isolated in appprox. 30% of the babies (deliveries on time) without any symptoms. Premature babies were infected more frequently. In premature babies with a birth weight of less than 1500 g, bronchopulmonary dyschondroplasia was reported in association with U. urealyticum infections. The production of phospholipases, which can destroy the surfactant factor is discussed. Chronic CNS infections were also described in premature babies.

Therapy: Pregnancies at risk (small for date, low birth weight, etc.) must be given special attention. Treatment with macrolide antibiotics to be discussed. Repeated detection of U. urealyticum in combination with accompanying risk factors must prompt medical treatment, repeated control swabs are recommended. Please note that U. urealyticum and B. streptococci show similar frequency.

Indication:	Suspicion of vaginal infection, infections particularly during pregnancy, suspicion of non-gonorrheal prostatitis
Material:	swab
TAT:	cultivation^: FML, 2 days
	PCR: 7-10 days*
Method:	cultivation, PCR
Note:	For PCR, please use dry swab.

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit http://www.fml-dubai.com/parameter-listings/

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