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Click Have to apprehe to Unimited Pages and Expanded Features reening and detection of genital HPV-infection and chlamydial infection by PCR in different groups of Kenyan women.

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Abstract:

A pilot study was conducted in Nairobi, Kenya, to evaluate the feasibility of a larger study on the prevalence of cervical cancer and precancerous lesions and on the role of Sexually Transmitted Diseases (STD) as risk factors for cervical cancer in Kenya. 692 women were screened for cervical cancer by cytology in 3 City Commission family planning clinics and in 1 City Commission STD referral clinic in Nairobi. In one family planning clinic and in the STD clinic, a sample of the participating women (n = 212) was also screened for genital Human Papillomavirus (HPV) and chlamydial infection by Polymerase Chain Reaction (PCR). Of all women screened for cancer, 5.1% had a PAP smear showing mild dysplasia, 1.2% moderate dysplasia and 0.15% severe dysplasia or worse. Of the women screened for genital HPV infection and for chlamydial infection, the following results can be reported: in women attending the family planning clinic, HPV-DNA was detected in 3.7% (0.9% HPV6/11 and 2.8% HPV 16/18/31/33) and Chlamydia trachomatis in 6.4%; in women attending the STD clinic, HPV-DNA was detected in 16.5% (1% HPV6/11 and 2.8% HPV 16/18/31/33) and Chlamydia trachomatis in 6.4%; in women attending the STD clinic, HPV-DNA was detected in 16.5% (1% HPV6/11 and 2.8% HPV 16/18/31/33) and Chlamydia trachomatis in 6.4%; in women attending the STD clinic, HPV-DNA was detected in 16.5% (1% HPV6/11 and 2.8% HPV 16/18/31/33) and Chlamydia trachomatis in 6.4%; in women attending the STD clinic, HPV-DNA was detected in 16.5% (1% HPV6/11 and 2.8% HPV 16/18/31/33) and Chlamydia trachomatis in 6.4%; in women attending the STD clinic, HPV-DNA was detected in 16.5% (1% HPV6/11 and 2.8% HPV 16/18/31/33) and Chlamydia trachomatis in 6.4%; in women attending the STD clinic, HPV-DNA was detected in 16.5% (1% HPV6/11 and 2.8% HPV 16/18/31/33) and Chlamydia