

Patient Name : Demo Patient Name
Age / Sex : 24 Y / F
Referred By : DEMO HOSPITAL
Centre : HOD Head Office

Lab No : Demo Visit No
Registration On : 21-Jan-25 17:29
Patient ID : UHID.DEMO.001

Chlamydia Trachomatis IgG				Serum Sample
Accession No: DEMO_BARCODE	Collected On: 21-Jan-25 17:29	Received On: 21-Jan-25 18:01	Approved On: 21-Jan-25 19:07	
Observation	Result	Unit	Biological Ref. Interval	Method
Chlamydia Trachomatis IgG	5.00	AU/mL	Negative:<9 Equivocal:9-11 Positive:>11	CLIA

Clinical Significance: One of the most common sexually transmitted diseases (STDs) is urogenital chlamydiosis (UC). According to WHO, each year about 130 million new cases of chlamydia are registered worldwide, affecting about 8% of the population. The causative agent of urogenital chlamydiosis is Chlamydia trachomatis, gram-negative intracellular parasites with a unique development cycle, which includes two forms of existence: metabolically active non-infectious intracellular reticular bodies and metabolically inactive extracellular infectious elementary bodies. Chlamydia can exit the host cell without lysis, which enables moderate infections. The source of infection in UC is a person who has an acute or chronic form of the disease with a manifest or asymptomatic course of the process. Signs of chlamydiosis are not very specific and practically do not differ from other STDs. The most common forms of the disease in men are urethritis and prostatitis, in most cases they have an asymptomatic course. In women, cervicitis and salpingitis are the most common manifestations of UC. Also, chlamydial infection in women is the cause of serious reproductive disorders: chlamydiosis is detected in 40-70% of patients with tubal infertility. The presence of UC in a pregnant woman increases the risk of threatened miscarriage, premature birth, etc. Diagnostics of chlamydiosis is quite difficult due to the nature of the pathogen life cycle. In recent years non-invasive methods for detecting chlamydia infection have become increasingly popular. Serological methods (including ELISA) allow determining the pattern and stage of the disease, especially important in chronic chlamydiosis which can last for many months and years. For this purpose, IgM, IgA and IgG specific antibodies are determined by ELISA. Chlamydia trachomatis-specific IgA antibodies are present in both serum and secretory forms and are indicators of both the acute infection and the manifestation of the disease in its chronic form. The serum IgA antibodies appear 10-14 days after the onset of the disease, slightly earlier than IgG antibodies but in low concentrations. They can be found early in the disease in genital secretions. High concentrations of antibodies of this class may indicate a chronic infection. Specific IgA antibodies have a half-life of 5-7 days, which allows them to be used to monitor the treatment effectiveness. A decrease in the level of these antibodies by 2-3 times indicates a successful therapy. IgG antibodies appear starting from the third week after the onset of the disease. Their presence reflects the overall picture of the immune response because of acute, chronic or past infection. In the latter case, IgG may be detected at a low level for many years.

Advise: Please correlate results with clinical conditions.



This is a Demo Signature
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

