

UROGENITAL MICROBIOCENOSIS OF SEXUAL PARTNERS AND ITS ASSOCIATION WITH ASYMPTOMATIC BACTERIURIA AND PREGNANCY COMPLICATIONS

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Background. Asymptomatic bacteriuria (ASB) during pregnancy is commonly investigated through maternal urine culture. However, the dissertation also considers the urogenital microbiological status of sexual partners as a potential factor relevant to the clinical assessment of couples. The microbiota of the urinary and reproductive tracts may overlap in some circumstances, but observational findings alone cannot establish the direction of transmission or prove causality.

Aim. To describe the dissertation findings on urogenital microbiocenosis in women and their sexual partners and the reported association between male-partner bacteriuria and pregnancy complications.

Materials and methods. The dissertation describes conventional bacteriological examinations, assessment of vaginal microbiocenosis using the Femoflor molecular test system, and assessment of male urogenital microbiota using Androflor. Urine and semen-related samples were considered as part of the couple-oriented evaluation. A subgroup of 30 women was followed for six months after marriage; 23 became pregnant during the observation period. Microbiological findings and pregnancy outcomes were reported descriptively.

Results. Among women assessed during the first three months after marriage, the dissertation reports colpitis in 40.0%, acute cystitis in 36.7%, bacterial vaginosis in 26.7%, chronic cystitis in 23.3%, salpingo-oophoritis in 16.7%, asymptomatic bacteriuria in 16.7%, and pyelonephritis in 13.3%. Among men, asymptomatic bacteriuria was reported in 10.0%, while acute cystitis and nonspecific urethritis were each reported in 6.7%. Among the 23 pregnancies followed, ASB and threatened miscarriage were each reported in 9 cases (39.1%); gestational pyelonephritis and prelabor rupture of membranes were each reported in 3 cases (13.0%). The dissertation reports a positive correlation between male-partner bacteriuria level and gestational pyelonephritis in women ($r=0.65$; $p<0.01$). These findings should be interpreted cautiously because the subgroup was small and the observations do not, by themselves, demonstrate causation.

Conclusion. The reported results suggest that couple-oriented microbiological assessment may provide additional information when evaluating urogenital infections in the context of pregnancy. They support further investigation of associations between partners' microbiological findings and maternal outcomes. Larger prospective studies with clearly defined comparison groups are needed to determine whether systematic partner assessment changes clinical outcomes and to establish the role of partner-directed interventions.

Keywords: urogenital microbiocenosis; asymptomatic bacteriuria; pregnancy; sexual partners; Femoflor; Androflor; gestational pyelonephritis