VAGINAL AND ENDOMETRIAL MICROBIOTA: IS THERE ANY CORRELATION?

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The aim of the study is to find out is there any correlation between the total bacterial load and the lactobacilli quantities in the vaginal and endometrial microbiomes in reproductive-age women.

Introduction

Whereas

in women with poor pregnancy outcomes.

fertilization.

The Lactobacilli-dominated microbiota is considered

to be the most favorable type of microbiota in the

uterine cavity. It is associated with increased

reproductive success in women undergoing in vitro

dominated microbial communities are more frequent

When analyzing endometrial microbiota, one of the

challenges is sampling. Transvaginal sample intake

involves the possibility of contaminating the samples

with vaginal microbiota. Moreover, it is an invasive

procedure leading to the development of infectious

inflammatory diseases of the upper genital tract.

Thus, researchers are currently searching for

predictors of the state of endometrial microbiota.

the

non-Lactobacillus

STUDY DESIGN

Study population and sampling

The study included 64 women who came to the "Garmonia" Medical Center (Yekaterinburg, Russia) seeking infertility treatment. The average age of the patients was 32.2±5.0 (21-45 vears).

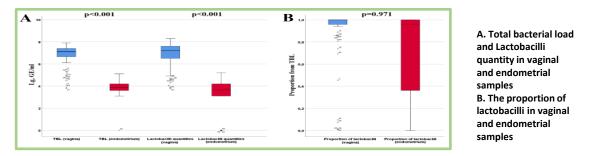
Endometrial and vaginal samples were collected simultaneously on days 7–10 of the menstrual cycle. To avoid contamination by vaginal microbiota, Endobrush Standard for Endometrial Cytology (Laboratoire C.C.D.; France) was used for endometrial sampling. DNA extraction and quantitative analysis of vaginal and endometrial microbiota by real-time PCR

DNA from vaginal and endometrial samples was extracted using PREP-NA-PLUS kit (DNA-Technology, Russia). Vaginal and endometrial microbiota was analyzed using Femoflor®16 realtime PCR kit and DTprime 4M1 thermocycler (DNA-Technology, Russia).

	Test title	Result						Result		
Na		Quantitative	Relative Lg (X/TMD)	% of TMD	% of TMD	No	Test title	Quantitative	Relative Lg (X/TMD)	% of TMI
	Sample intake control	10 52		0,1	1 10 100		Sample intake control	10 3.6		
1	Total Bacterial Mass	10 4.1				1	Total Bacterial Mass	10 32		
	Normal microflora						Normal microff			
2	Lactobacillus	10 42	0,0 (83-100%)			2	Lactobacillus	not detected		
	Facultative anaerobic micr	oorganisms					Facultative anaerobic mis	croorganisms		
3	Enterobacteriaceae	not detected		1	1 I.	3	Enterobacteriaceae	not detected	(L.), (I	
4	Streptococcus spp.	10 1.1	-3,1 (<0,1%)	1.4	6.6	4	Streptococcus spp.	not detected		
5	Staphylococcus spp.	10 31	-3,1 (<0,1%)			5	Staphylococcus spp.	not detected		
	Obligate anaerobicc micro						Obligate anaerobicc mic			
6	Garcherella vaginalis+ Prevotella bivia+ Porphyromonas spp.	10 ×4	-2,8 (0,1-0,2%)	1 10		6	Gardnerella vaginalis+ Prevotella bivia+ Porphyromonas spp.			
7	Eubacterium spp.	10 4.0	-2,2 (0,5-0,7%)			7	Eubacterium spp.	not detected		
8	Sneathia spp.+Leptotrichia spp.+Fusobacterium spp.	not detected				8	Sneathia spp.+Leptotrichia spp.+Fusobacterium spp.	not detected		
9	Megasphaera spp.+Veillonella spp.+Dialister spp.	10.81	-3,1 (<0,1%)	11		9	Megasphaera spp.+Veillonella spp.+Dialister spp.	not detected		
10	Lachnobacterium spp.+Clostridium spp.	not detected					Lachnobacterium spp.+Clostridium spp.	not detected		
11	Mobiluncus spp.+Corynebacterium spp.	10 4.0	-2,2 (0,5-0,7%)		E	11	Mobiluncus spp.+Corynebacterium spp.	not detected		
12	Peptostreptococcus spp.	10 81	-3,1 (<0,1%)			12	Peptostreptococcus spp.	not detected	113	
13	Atopobium vaginae	not detected				13	Atopobium vaginae	not detected		
	Yeast-like fung						Yeast-like fun	gi		
14	Candida spp.*	not detected	1		10 K	14	Candida spp.*	not detected		
	Mycoplasmas				10 D		Mycoplasma			
	Mycoplasma hominis*	not detected	3		. K K		Mycoplasma hominis*	not detected		
16	Ureaplasma (urealyticum+parvum)*	10 */				16	Ureaplasma (urealyticum+parvum)*	not detected		
	Pathogenic microorga				1 1 1		Pathogenic microor		4	
17	Mycoplasma genitalium**	not detected			10.10	17	Mycoplasma genitalium**	not detected		

The example of lab report generated after testing vaginal and endometrial samples (of the same patient) using Femoflor®16 real-time PCR kit (A - vagina; B - endometrium)

RESULTS



Total bacterial load (TBL) in vaginal discharge was 3.8-7.9 Ig (median — 7.1). TBL in the endometrial samples was 0-5.1 Ig (median — 3.9). There was no correlation between TBL values in vaginal discharge and endometrial samples (Spearman's rho — 0.247, p=0.049).

Lactobacilli quantities in vaginal discharge were 4.5–8.3 lg (median — 7.2), in endometrial samples — 0–5.1 lg (median — 3.7). There was a weak positive correlation between lactobacilli quantities in vaginal and endometrial samples (Spearman's rho — 0.362, p=0.003).

The proportion of lactobacilli in vaginal discharge was 1-100% (median — 100%), in the endometrial samples — 0-100% (median — 96%). There was no correlation between lactobacilli proportions in vaginal and endometrial samples (Spearman's rho — 0.225, p=0.074). Furthermore, there was no correlation between lactobacilli quantity in the vagina and their proportion in the endometrial microbiota (Spearman's rho — 0.294, p=0.018).

There was only a weak positive correlation between the quantities of lactobacilli in vaginal and endometrial samples. Vaginal TBL values and lactobacilli proportions did not correlate with lactobacilli quantities and proportions in the endometrial samples.

DISCUSSION

The study was conducted on a small sample . Moreover, it is notoriously difficult to interpret the analysis results for endometrial microbiota due to the high risk of contamination and its low microbial biomass.

Apparently, there is no obvious link between the vaginal and endometrial microbiomes. It is possible that, apart from vaginal microbiota, there are other predictors which could allow us to assume whether lactobacilli are present in the endometrial microbiota.

CONCLUSION

There was no correlation between the vaginal and endometrial total bacterial loads and only a weak positive correlation between the quantities of lactobacilli.

The study was approved by the Ethics Committee of Ural State Medical University (Protocol № 7 dated September 20, 2019).