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## Letter in response to “Etiology of cervicitis: Are there new agents in play?”

Sir,

Bansal *et al.*<sup>[1]</sup> in their article on “Etiology of cervicitis: Are there new agents in play?” (Indian Journal of Sexually Transmitted Disease and AIDS, 2022) have thoroughly analyzed the etiological profile of patients with cervicitis,

who presented to their sexually transmitted infection (STI) clinic. Etiological diagnosis of cervicitis and other STI syndromes has been a long-felt need to effectively treat STIs and prevent their complications.

However, there are some issues that need attention:

The title of the study is “etiology of cervicitis” and the same is mentioned in the study design also, so the patient selection should have been limited to only those with cervicitis. However, the authors have also recruited patients who presented with cervicovaginal discharge and it is not clear whether they excluded patients with only vaginal discharge or included them in the analysis because patients

with bacterial vaginosis have been included, investigated, their isolates enumerated, and a considerable amount of discussion relates to this.

Many diverse pathogens have been discovered from reproductive-tract infections, but the relationship between the presence and quantity of a particular pathogen species and disease manifestations is poorly defined. Mere isolation of the organism from a site does not implicate it as the causative organism, especially at sites such as the cervix where sensitive molecular methods such as PCR can isolate many organisms. Detection of various organisms by PCR does not distinguish between colonization and infection. Some organisms are commensals that are nonpathogenic and nontransmissible and should not be included as etiological agents merely because they were isolated from the cervix.<sup>[2,3]</sup>

The authors also mention that stress can predispose to the acquisition of a STI. It is very difficult to decide, whether stress predisposes to STIs or the presence of an STI leads to stress. Any person with an STI will be stressed as these are stigmatizing, may affect marital relationships, and also, produce a guilt complex. Moreover, some of the patients included in the study had prolonged duration of symptoms, and that itself can lead to stress. It does not establish that stress predisposes to STIs or cervicitis and so this assertion about the role of stress in acquisition of an STI is not borne out by this or any such past studies on the subject.

Another very important issue is the duration of symptoms in the present study group (10 days to 20 years), and longer duration of symptoms of cervicitis is most likely due to nonvenereal causes rather than the STI pathogens.<sup>[4]</sup> Early detection and management of STIs are the stated background of the present study. Moreover, the complications mentioned which are likely to occur, namely salpingitis, endometritis, and pelvic inflammatory disease, all relate to acute infections caused by STI pathogens and these acute infections do not continue for 20 years. Syndromic management referred to in their paper also alludes to this being an acute infection with STD pathogens. The authors should have elaborated more on these cases labeled as “chronic cervicitis” after clearly giving its definition.

The inclusion of menstrual irregularities as a risk factor for cervicitis rather than as a sequel – is a controversial observation – as is also the suggested typical presentation of patients of cervicitis with urethritis.

The study would have been definitely more informative if all the stated goals – such as “analyze their (etiological agents) association with clinical and behavioral profile,” follow-up of patients after organism-based specific treatments, results of examination of their partners and the organisms isolated were also given, for better conclusions. There is no new information on any more specific organism isolated nor of any specific treatment.

Such prospective studies are need of the hour for establishing the causality of various pathogens detected and would yield more clinically and epidemiologically useful information which will be helpful in updating the treatment guidelines.

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### Conflicts of interest

There are no conflicts of interest.

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### References

1. Bansal S, Bhargava A, Verma P, Khunger N, Panchal P, Joshi N. Etiology of cervicitis: Are there new agents in play? *Indian J Sex Transm Dis AIDS* 2022;43:174-8.
2. Kang WT, Xu H, Liao Y, Guo Q, Huang Q, Xu Y, *et al.* Qualitative and quantitative detection of multiple sexually transmitted infection pathogens reveals distinct associations with cervicitis and vaginitis. *Microbiol Spectr* 2022;10:e0196622.
3. Horner P, Donders G, Cusini M, Gomberg M, Jensen JS, Unemo M. Should we be testing for urogenital *Mycoplasma hominis*, *Ureaplasma parvum* and *Ureaplasma urealyticum* in men and women? – A position statement from the European STI guidelines editorial board. *J Eur Acad Dermatol Venereol* 2018;32:1845-51.
4. Mattson SK, Polk JP, Nyirjesy P. Chronic cervicitis: Presenting features and response to therapy. *J Low Genit Tract Dis* 2016;20:e30-3.

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