Gynecologic and Obstetric Investigation

Review

73 Clinical Management of Pregnancy in Women with Goodpasture Syndrome
Huser, M.; Wagnerova, K.; Janku, P.; Malaskova, L.; Stourac, P. (Brno)

Original Article

78 The Effect of Isotretinoin on Ovarian Reserve Based on Hormonal Parameters, Ovarian Volume, and Antral Follicle Count in Women with Acne

83 Congenital Malformations, Chromosomal Abnormalities and Perinatal Results in IVF/ICSI Newborns Resulting from Very Poor Quality Embryos: A Case-Control Study
Mendoza, R. (Vizcaya); Perez, S.; de los Santos, M.J. (Valencia); Larreategui, Z.; Ayerdí, F. (Bilbao); Expósito, A., Burgos, J.; Martínez Indart, L.; Pijoan, J.I. (Vizcaya); Matorras, R. (Vizcaya/Bilbao)

90 Inhibition of Lectin-Like Oxidized Low-Density Lipoprotein Receptor 1 Protects against Plasma/Hypoxia-Mediated Trophoblast Dysfunction Associated with Preeclampsia
Zhang, Y.; Ye, Y.; Wang, Y.; Chen, W. (Qingdao)

97 Effectiveness of Combining Plasma Exchange with Plasma Perfusion in Acute Fatty Liver of Pregnancy: A Retrospective Analysis
Ding, J.; Han, L.-P.; Lou, X.-P.; Geng, L.-N.; Liu, D.; Yang, Q.; Gao, S. (Zhengzhou)

101 Magnetic Resonance-Visible Polypropylene Mesh for Pelvic Organ Prolapse Repair
Brocker, K.A. (Heidelberg); Lippus, F. (Freiburg); Alt, C.D. (Heidelberg); Hallscheidt, P. (Darmstadt); Zsolt, F. (Budapest); Soljanik, I. (Heidelberg); Lenz, F. (Neustadt an der Weinstrasse); Bock, M. (Freiburg); Sohn, C. (Heidelberg)

107 Individualized Supplementation of Folic Acid According to Polymorphisms of Methylenetetrahydrofolate Reductase (MTHFR), Methionine Synthase Reductase (MTRR) Reduced Pregnant Complications
Li, X.; Jiang, J.; Xu, M.; Xu, M.; Yang, Y.; Lu, W.; Yu, X.; Ma, J. (Qingdao); Pan, J. (Shanghai)

(Continued on inside front cover)
113 External Validation of the Endometriosis Fertility Index (EFI) for Predicting Spontaneous Pregnancy after Surgery: Further Considerations on Its Validity

119 The Role of Antioxidant Activity in the Prevention and Treatment of Infertility Caused by Cisplatin in Rats
Aksoy, A.N. (Erzurum); Kabil Kucur, S. (Kutahya); Batmaz, G. (Istanbul); Gözükara, I. (Kutahya); Aksoy, M.; Kurt, N. (Erzurum); Mammadov, R. (Rize)

126 Epithelial Ovarian Cancers and Endometriosis
Acién, P.; Velasco, I.; Acién, M.; Capello, C.; Vela, P. (Alicante)

Novel Insights from Clinical Practice

136 Recto-Bartholin’s Duct Fistula: A Case Report
Kim, Y.S.; Han, H.S.; Seo, M.W.; Kim, W.S.; Lee, J.H.; Park, N.K.; Sang, J.H. (Seoul)

139 Exploration of the Successful Treatment Algorithms Used in 23 Cases of Early Live Cesarean Scar Pregnancy
Gynecologic and Obstetric Investigation


Founders: A. Martin and M. Sänger

Editor-in-Chief
T.M. D’Hooghe, Leuven

Associate Editors

Clinical Obstetrics
Rohan D’Souza, Toronto, Ont.
Edgar Hernández-Andrade, Detroit, Mich.
Tim Van Mieghem, Leuven

Contraception
Antonio Cano, Valencia

Early Pregnancy and Recurrent Miscarriage
Ole B. Christiansen, Copenhagen

Fetal Medicine/Surgery
Roland Devlieger, Leuven

Gynecologic Oncology
Christina Bandera, Cranston, R.I.
Viola Heinzelmann-Schwarz, Basel
David Mutch, St. Louis, Mo.

Gynecological Ultrasound and Imaging
George Condous, St. Leonards, N.S.W.

Infectious Diseases
Gilbert G.G. Donders, Leuven

Menopause
Lubna Pal, New Haven, Conn.

Psychology, Sexology and Mental Health
Jacky Boivin, Cardiff

Reproductive Biology
Joris Vriens, Leuven

Reproductive Endocrinology and Infertility
Thinus F. Kruger, Tygerberg
Dan I. Lebovic, Middleton, Wisc.

Reproductive Genetics
Zi-Jiang Chen, Jinan

Reproductive Immunology
Sun-Wei Guo, Shanghai

Reproductive Surgery
Togas Tulandi, Montreal, Que.

Society/Ethics/History
I. D. Cooke, Sheffield

Urogynecology
Jan-Paul Roovers, Amsterdam
Guidelines for Authors

Submission
Manuscripts written in English should be submitted using the online submission website at:
www.karger.com/goi
or as e-mail attachment (the preferred word-processing package is MS-Word) to the Editorial Office:
goi@karger.ch
Prof. T.M. D’Hooghe
S. Karger AG
Editorial Office ‘Gynecologic and Obstetric Investigation’
P.O. Box
CH–4009 Basel (Switzerland)
Tel. +41 61 306 1344
Fax +41 61 306 1434
E-Mail s.dhooghe@karger.com
The manuscripts should be accompanied by a signed copyright transfer statement (please see submission website). Names, postal and e-mail addresses of four experts in the appropriate area of research should accompany each manuscript. Referees suggested should not be from the same institution as the authors and, preferably, not from the same country.
Presentation of manuscripts should conform with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (see N Engl J Med 1997;336:309–315).

Conditions
All manuscripts are subject to editorial review. Submission of an article for publication implies the transfer of the copyright from the author to the publisher upon acceptance. Accepted papers become the permanent property of Gynecologic and Obstetric Investigation and may not be reproduced by any means, in whole or in part, without the written consent of the publisher. It is the author’s responsibility to obtain permission to reproduce illustrations, tables, etc. from other publications.

Cover letter: All manuscripts must be accompanied by a covering letter signed by all authors.
Assurance should be given that the manuscript is not under simultaneous consideration by any other publication.
All manuscripts originating from non-English-speaking countries must be revised by a professional linguistic reviewer and it must be evident from the covering letter that this has been done.
Names, postal and e-mail addresses of four experts in the appropriate area of research should accompany each manuscript. Referees suggested should not be from the same institution as the author.

Good clinical practice: It has become mandatory that every trial in humans must first obtain approval from an independent Ethics Committee and formal, informed consent from the patients before they participate in a clinical study or experiment. In order to avoid unnecessary delay with the review of manuscripts, authors are asked to state, preferably in the Materials and Methods section, that approval and informed consent have been obtained. These two statements must also appear on the covering letter which accompanies every manuscript and is signed by each author.

Plagiarism Policy
Whether intentional or not, plagiarism is a serious violation. We define plagiarism as a case in which a paper reproduces another work with at least 25% similarity without citation. If evidence of plagiarism is found before/after acceptance or after publication of the paper, the author will be offered a chance for rebuttal. If the arguments are not found to be satisfactory, the manuscript will be retracted and the author sanctioned from publishing papers for a period to be determined by the responsible Editor(s).

Arrangement
All manuscript pages and all the page lines should be numbered. The pages should be consecutively numbered beginning with the title page, then the text, acknowledgements, references and legends to figures. The text in original papers should be divided under the headings: Abstract, Introduction, Material(s) and Method(s), Results, and Discussion.

Title page: The first page of each paper should indicate the title, the authors’ names, the institute where the work was conducted, and a short title for use as running head.

Full address: The exact postal address of the corresponding author complete with postal code must be given at the bottom of the title page. Please also supply phone and fax numbers, as well as e-mail address.

Key words: For indexing purposes, a list of 3–10 key words in English is essential.

Abstract: Each paper needs an abstract of up to 200 words. It should be structured as follows:

Background/aims: What is the major problem that prompted the study?

Methods: How was the study performed?

Results: Most important findings?

Conclusion: Most important conclusion?

Footnotes: Avoid footnotes. When essential, they are numbered consecutively and typed at the foot of the appropriate page.

Tables and illustrations: Tables and illustrations (both numbered in Arabic numerals) should be prepared on separate pages. Tables require a heading and figures a legend, also prepared on a separate page. For technical reasons, figures with a screen background should not be submitted. When possible, group several illustrations on one block for reproduction (max. size 180 × 223 mm) or provide crop marks. Electronically submitted b/w half-tone and color illustrations must have a final resolution of 300 dpi after scaling, line drawings one of 800–1,200 dpi. Figure files must not be embedded in a document file but submitted separately (for detailed instructions, see http://www.karger.com/goi).

Color illustrations

Online edition: Color illustrations are reproduced free of charge. In the print version, the illustrations are reproduced in black and white. Please avoid referring to the colors in the text and figure legends.

Print edition: Up to 6 color illustrations per page can be integrated within the text at CHF 800.00 per page.

References: In the text identify references by Arabic numerals [in square brackets]. Material submitted for publication but not yet accepted should be noted as [unpublished data] and not be included in the reference list. The list of references should include only those publications which are cited in the text. Do not alphabetize; number references in the order in which they are first mentioned in the text. The surnames of the authors followed by initials should be given. There should be no punctuation other than a comma to separate the authors. Preferably, please cite all authors. Abbreviate journal names according to the Index Medicus system. Also see International Committee of Medical Journal Editors: Uniform requirements for manuscripts submitted to biomedical journals (www.icmje.org).

Examples
(b) Papers published only with DOI numbers: Theoharis TC, Boucher W, Spear K: Serum interleukin-6 reflects disease severity and osteoporosis in mastocytosis patients. Int Arch Allergy Immunol DOI: 10.1159/000063858.

Reference Management Software: Use of EndNote is recommended for easy management and formatting of citations and reference lists.

Categories of Manuscripts

Original Articles
They should not exceed 4 printed pages (3,000 words or approx. 9 manuscript pages double-spaced), including tables, illustrations and references.

Reviews
Reviews are welcomed; however, the Editor-in-Chief is happy to discuss potential articles with authors who would like to contribute.

Systematic Reviews
For systematic reviews of studies examining interventions or diagnostic procedures, we refer to the Cochrane Collaboration (www.Cochrane.org). As they represent ‘the state of the art’, they provide an exceptionally useful handbook. Systematic reviews need not only be the results of intervention studies but can be made on all kinds of research questions, even those that can only be answered by non-experimental studies or interpretive research. For example, a systematic review can be made on qualitative studies – for the ‘Qualitative method group’ of reviews, the Cochrane Collaboration is a useful information source. All systematic reviews must take and document the following steps:

1. Specification of a research question. A systematic review addresses a specific question rather than provides a general summary of the literature on a topic of interest as is in a traditional review, e.g. for
an intervention study it must specify population, intervention, control group and outcome.

2. Development of a review protocol. Systematic reviews use a specified method that is planned beforehand and documented in a review protocol to avoid the risk of bias. A review protocol describes the complete review process, including research questions, literature search strategy, selection criteria, criteria for evaluation of methodological quality and how data will be summarized.

3. Systematic literature search. For a systematic review, the search strategy for the literature should be reported and should be repeatable. It includes several steps: a literature search to identify optimal key search terms, databases and search strategy; the search itself; the search of the reference lists of all included studies for the identification of additional studies (snowball method).

4. Selection of relevant studies. This must be done on the basis of selection criteria (e.g. populations, outcome measures, …) to include/exclude described in the protocol. It protects the review from investigator bias, e.g. (un)consciously including studies on the basis of their results.

5. Evaluation of the methodological quality of each study. The quality of a systematic review depends on the quality of the studies included. Therefore, all studies must be assessed for methodological rigor because the results are only valid if the methods are. Critical appraisal of all studies must be reported and, depending on the research design, concluded.

6. Data collection from individual studies. The data that must be collected depends on the research question and must overcome the different methods of reporting and presenting data in the individual studies. It is useful to use a tool such as a literature table.

7. Synthesis of the findings. The aim of this phase is to summarize the findings from individual studies on an objective manner. The technique depends on the type of studies included. Under certain circumstances (same question, same population, same administration of the intervention, same outcome), the results of experimental studies can be pooled by meta-analysis. The results of nonexperimental studies relating to a phenomenon of interest can be summarized in a meta-synthesis which is an interpretive rather than a cumulative exercise used in meta-analysis.

Narrative Reviews
If the authors are of the opinion that a systematic review is not possible for a specific topic/clinical question, they may opt for a narrative review. For narrative reviews, authors are also requested to have an appropriately formulated research question, to specify their literature search, to carefully consider and discuss the methodological quality of all studies included, and to give an objective summary of the results and conclusions. Narrative reviews need to contain at least the following items:

- Key words used in the electronic search
- Identification of electronic database(s) searched by authors
- Exact definition of time period of publications searched by authors (start and end dates)
- Number of relevant titles identified by authors
- Number of published abstracts read by authors
- Number of full papers read by authors
- Number of cases published in international peer-reviewed literature (if review on case reports)
- Reason for inclusion or exclusion by authors of specific publications

- Summary table of included publications allowing comparison regarding significant findings
- Summary statement taking into account all available evidence

References

Novel Insights from Clinical Practice
This category replaces the previous Case Report section.
We invite contributions to this section that provide novel insight into a clinical problem.
We recognize the value of case reports and thus submissions can be based around a case or a number of similar cases. The most important aspect of the presentation is that it should provide a new perspective on a recognized clinical scenario or may represent an entirely new clinical condition. The novel aspects of the case(s) may be in the phenotype, the presentation, the investigation and/or the management.
We propose that a highlighted box containing one or two bullet points on ‘Established Facts’ (what is already known) and ‘Novel Insights’ (what new information has been gained) be placed on the first page of the report. This will reinforce the novelty of the clinical observation. The manuscript should be presented with an unstructured abstract (max. 200 words), brief introduction, case or case series description and results, followed by a discussion. Maximum 3 figures.

Summaries of PhD Theses: A Summary of a PhD Thesis is supposed to give a review of the different papers that are part of a particular PhD thesis which has been successfully defended within the last 3 years. The review should have at least 6,000 words and a maximum of 10,000 words of text with a maximum of 200 references, 5 tables and 5 figures. Considerable emphasis should be given to an overall systematic discussion of the PhD findings, and their implication for clinical practice and/or research.

Letters to the Editor
This section is set aside for critical comments directed to a specific article that has been published in the journal. Letters should be brief (not exceeding 500 words), double spaced and limited to a maximum of 5 citations. The letters and replies should be prepared according to journal format. Illustrative material is only permitted with permission of the Editor-in-Chief. With your correspondence, please include your complete mailing address, telephone and fax numbers, and email addresses, if available. The Editor-in-Chief reserves the right to refuse letters, short en letters, delete objectional comments, and make other changes to comply with the style of the journal. Send all Letters to the Editor to the above address.

Digital Object Identifier (DOI)
S. Karger Publishers supports DOIs as unique identifiers for articles. A DOI number will be printed on the title page of each article. DOIs can be useful in the future for identifying and citing articles published online without volume or issue information. More information can be found at www.doi.org.

Supplementary Material
Supplementary material is restricted to additional data that are not necessary for the scientific integrity and conclusions of the paper. Please note that all supplementary files will undergo editorial review and should be submitted together with the original manuscript. The Editors reserve the right to limit the scope and length of the supplementary material. Supplementary material must meet production quality standards for Web publication without the need for any modification or editing. In general, supplementary files should not exceed 10 MB in size. All figures and tables should have titles and legends and all files should be supplied separately and named clearly. Acceptable files and formats are: Word or PDF files, Excel spreadsheets (only if the data cannot be converted properly to a PDF file), and video files (.mov, .avi, .mpeg).

Author’s Choice
Karger’s Author’s Choice™ service broadens the reach of your article and gives all users worldwide free and full access for reading, downloading and printing at www.karger.com. The option is available for one-time fee of CHF 3,000.00, which is a permissible cost in grant allocation. More information can be found at www.karger.com/authors_choice.

NIH-Funded Research
The U.S. National Institutes of Health (NIH) mandates under the NIH Public Access Policy that final, peer-reviewed manuscripts appear in its digital database within 12 months of the official publication date. As a service to authors, Karger submits the final version of your article on your behalf to PubMed Central. For those selecting our premium Author’s Choice™ service, we will send your article immediately upon publishing, accelerating the accessibility of your work without the usual embargo. More details on NIH’s Public Access Policy are available at http://publicaccess.nih.gov/FAQ.htm#a1.

Self-Archiving
Karger permits authors to archive their pre-prints (i.e. pre-refereeing) or post-prints (i.e. final draft post-refereeing) on their personal or institution’s servers, provided the following conditions are met: Articles may not be used for commercial purposes, must be linked to the publisher’s version, and must acknowledge the publisher’s copyright. Authors selecting Karger’s Author’s Choice™ feature, however, are also permitted to archive the final, published version of their article, which includes copypasting and design improvements as well as citation links.

Page Charges
Each additional complete or partial page above 4 printed pages is charged to the author at CHF 325.00.

E-pub First
All articles are published electronically ahead of print with a DOI number and are supplemented later with the definite reference of the printed version. The articles become available immediately after the authors’ approval to publication, with the added advantage of being citable much earlier than in print. Authors can influence the time of appearance by promptly returning the proofs.

Proofs
The proofs are sent to the corresponding author and should be returned with the least possible delay.

Reprints
Order form and price list is sent with the PDF proofs. Orders submitted after the issue is printed are subject to considerably higher prices.
Contents

See the journal website for contents
39th European Congress of Cytology

September 20th-23rd, 2015
Milan

www.cytology2015.com

Organizing Secretariat
SIAPEC SERVIZI S.R.L.
Via Filippo Cordova, 95 - 90143 Palermo
Ph. +39.091.306887 - Fax. +39.091.3420208
www.siapcbservizi.it
info@cytology2015.com

Hotel and Booking Secretariat
Adria Congrex SRL
Via Sassonia, 30 - 47922 Rimini
Ph. +39.0541.305811 - Fax +39.0541.305842
www.adriacongrex.it - booking@cytology2015.com

Registration Fees

<table>
<thead>
<tr>
<th></th>
<th>Until 30th Nov 2014</th>
<th>From 1st Dec 14 to 15th Jun 15</th>
<th>From 16th Jun to 19th Sept</th>
<th>On Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegate</td>
<td>€ 450,00</td>
<td>€ 500,00</td>
<td>€ 600,00</td>
<td>€ 650,00</td>
</tr>
<tr>
<td>Delegate Under 35</td>
<td>€ 360,00</td>
<td>€ 400,00</td>
<td>€ 500,00</td>
<td>€ 600,00</td>
</tr>
<tr>
<td>Cytotechnologist</td>
<td>€ 315,00</td>
<td>€ 350,00</td>
<td>€ 450,00</td>
<td>€ 500,00</td>
</tr>
<tr>
<td>Student/Resident</td>
<td>€ 270,00</td>
<td>€ 300,00</td>
<td>€ 400,00</td>
<td>€ 450,00</td>
</tr>
<tr>
<td>Workshop each</td>
<td>€ 90,00</td>
<td>€ 100,00</td>
<td>€ 120,00</td>
<td>€ 130,00</td>
</tr>
<tr>
<td>Slide seminar each</td>
<td>€ 76,50</td>
<td>€ 85,00</td>
<td>€ 100,00</td>
<td>€ 100,00</td>
</tr>
<tr>
<td>Accompanying person</td>
<td>€ 135,00</td>
<td>€ 150,00</td>
<td>€ 175,00</td>
<td>€ 150,00</td>
</tr>
<tr>
<td>Exhibitor</td>
<td>€ 135,00</td>
<td>€ 150,00</td>
<td>€ 175,00</td>
<td>€ 200,00</td>
</tr>
<tr>
<td>Delegate - One Day Fee</td>
<td>€ 180,00</td>
<td>€ 200,00</td>
<td>€ 200,00</td>
<td>€ 200,00</td>
</tr>
<tr>
<td>Cytotechnologist - One Day Fee</td>
<td>€ 135,00</td>
<td>€ 150,00</td>
<td>€ 150,00</td>
<td>€ 150,00</td>
</tr>
</tbody>
</table>
31ST ANNUAL MEETING
European Society of Human Reproduction and Embryology

Lisbon – Portugal
14 to 17 June 2015

www.eshre2015.eu
1ST MEETING ON CONTROVERSIES IN
PRECONCEPTION, PREIMPLANTATION AND
PRENATAL GENETIC DIAGNOSIS:
How will genetics technology drive the future?

September 25-27, 2015 • Paris, France

CHAIRMAN
Simon Fishel, UK

SCIENTIFIC COMMITTEE

Luca Gianaroli, Italy
Tony Gordon, UK
Alan Handyside, UK
Gary Harton, USA
Ariel Hourvitz, Israel
Mark Hughes, USA
Santiago Munné, USA
Svetlana Rechitsky, USA
Richard Scott, USA
Zeev Shoham, Israel
Gabor Vajta, Australia
Ariel Weissman, Israel
Dagan Wells, UK
Yuval Yaron, Israel

www.comtecmed.com/cogen/2015 • cogen@comtecint.com
A major problem confronting postmenopausal women is whether or not to take hormone replacement therapy in light of the negative findings of the Women’s Health Initiative Memory Study published about a decade ago declaring there were no positive effects of hormone replacement therapy on cognitive function. In fact, there were even increased risks of breast cancer and cardiovascular disease. However, it is known that estrogens maintain autonomic functions and have been reported to exert a positive influence on mood and affect. Hence, there has been a critical need for the development of new drugs for targeting steroid receptors in the brain.

This special issue of *Neuroendocrinology* on ‘Membrane Steroid Receptors in Neuroendocrinology’ is a collection of timely review articles from leading experts on gonadal steroid receptors. The scholarly, in-depth analysis of the novel signaling pathways of the gonadal steroid receptors in the brain provide a much needed new perspective. ‘Membrane Steroid Receptors in Neuroendocrinology’ is a must read for scientists and clinicians interested in rational drug design for treating the symptoms of menopause in women and andropause in men.

**Contents**

- Introduction: Kelly, M.J.
- Membrane Estrogen Receptor Regulation of Hypothalamic Function: Micevych, P.E.; Kelly, M.J.
- Estrogen Receptors and the Regulation of Neural Stress Responses: Handa, R.J.; Mani, S.K.; Uht, R.M.
- Neuroprotection and Estrogen Receptors: Simpkins, J.W.; Singh, M.; Brock, C.; Etgen, A.M.
- Androgen Receptors, Sex Behavior, and Aggression: Cunningham, R.L.; Lumia, A.R.; McGinnis, M.Y.
- Neural Progestin Receptors and Female Sexual Behavior: Mani, S.K.; Blaustein, J.D.
- Membrane Progesterone Receptors: Evidence for Neuroprotective, Neurosteroid Signaling and Neuroendocrine Functions in Neuronal Cells: Thomas, P.; Pang, Y.
- Author and Subject Index
Concise but fully substantiated international reports of clinically oriented research into the science and current management of urogenital disorders form the nucleus of original as well as basic research papers. These are supplemented by up-to-date reviews by international experts on the state-of-the-art of key topics of clinical urological practice. Essential topics receiving regular coverage include the introduction of new techniques and instrumentation as well as the evaluation of new functional tests and diagnostic methods. Special attention is given to advances in surgical techniques and clinical oncology. The regular publication of selected case reports represents the great variation in urological disease and illustrates treatment solutions in singular cases.
Chlamydiae are obligate intracellular bacteria that cause one of the most common sexually transmitted infectious diseases in the world. The infection disproportionately impacts women and the highest prevalence of infection is found in adolescents. Most chlamydial infections are asymptomatic. Untreated infections are sources of further spread of infection and can lead to serious consequences including pelvic inflammatory disease, infertility and chronic pelvic pain. Chlamydial infections also increase a person’s susceptibility to HIV and other STDs.

Featuring contributions by internationally recognized experts in epidemiology, infectious disease research and chlamydial biology, this book provides up-to-date reviews from a clinical and public health perspective on chlamydia epidemiology and control programs, genomics and pathogenicity, diagnosis, treatment, host immune responses, and the latest on the search for an effective vaccine. Also included are chapters on the impact of chlamydial infection on specific populations such as the lesbian, gay, bisexual and transgender community, and an update on the outbreak in Europe of the invasive chlamydial infection, lymphogranuloma venereum or LGV. This comprehensive publication is intended for clinicians, public health workers and scientists with interest in sexually transmitted diseases, medical microbiology, infectious diseases and clinical research.

Contents

Introduction: Black, C.M.

- Epidemiology and Prevention and Control Programs for Chlamydia: Satterwhite, C.L.; Douglas Jr., J.M.
- Chlamydia trachomatis Pathogenicity and Disease: Dean, D.
- Chlamydia trachomatis Genome Structure: Putman, T.E.; Rockey, D.D.
- Chlamydia trachomatis: Molecular Testing Methods: Gaydos, C.A.
- Treatment of Chlamydia trachomatis Infections: Hammerschlag, M.R.
- The Immunologic Response to Urogenital Infection: Johnson, R.M.; Geisler, W.
- Chlamydia Vaccine Development: Igietseme, J.U.; Black, C.M.
- Maternal and Infant Chlamydia trachomatis Infections: Rours, I.G.J.J.G.; Hammerschlag, M.R.
- Chlamydia trachomatis Infection among Sexual Minorities: Singh, D.; Marrazzo, J.M.

- Author Index
- Subject Index