Conclusion  Urinary calprotectin had similar sensitivity and specificity for common urethral pathogens as urethral microscopy. Low calprotectin concentration correlated well with the absence of inflammation. Use of the assay is currently limited by the unknown dilution effect of urine in estimating urethral calprotectin concentrations but calprotectin is a promising biomarker of inflammation in investigating reproductive tract infections (RTI) of different aetiologies particularly where microscopy may not be available, such as in community settings.

Methods  Clinical analysis, laboratory, serological and PCR examinations.

Case presentation  990 grams, 38 cm height (pc.75–91) girl was born to an intravenous drug user mother on the 26th gestational week. The expectant mother did not participate in the prenatal care and early latent syphilis (RPR 1:128 positive, TPHA and TpELISA positive), genital Streptococcus agalactiae and fungal infections were detected shortly before delivery.

The preterm and immature girl had jaundice, oedema, gluteal haematome and petechiae. Extremely enlarged liver and spleen (reaching the hip bone) and increased muscle tone with rigid joints were found. Multiple jejunal atresia was detected by bedside X-ray examination.

Anisocytosis, thrombocytopenia, elevated liver enzymes (ASAT: 3850, ALAT: 558, GGT: 292, ALP: 436) and elevated LDH (38180) with 

T. pallidum IgM immunoblot positive.

Intravenous penicilline-G (100.000 IU/kg/dose for 10 days) and intravenous ganciclovir was administered. Gancyilovir was stopped when the expectant mother did not participate in the prenatal care and early latent syphilis (RPR 1:128 positive, TPHA and TpELISA positive), genital Streptococcus agalactiae and fungal infections were detected shortly before delivery.

The preterm and immature girl had jaundice, oedema, gluteal haematome and petechiae. Extremely enlarged liver and spleen (reaching the hip bone) and increased muscle tone with rigid joints were found. Multiple jejunal atresia was detected by bedside X-ray examination.

Anisocytosis, thrombocytopenia, elevated liver enzymes (ASAT: 3850, ALAT: 558, GGT: 292, ALP: 436) and elevated LDH (38180) and CK (7.1) with direct hyperbilirubinaemia were found.

During microbiological examinations high copy of CMV virus number was detected by quantitative real-time PCR and syphilis serology was positive (RPR: 1:16 positive, TPHA, TpELISA positive), genital Streptococcus agalactiae and fungal infections were detected shortly before delivery.

The preterm and immature girl had jaundice, oedema, gluteal haematome and petechiae. Extremely enlarged liver and spleen (reaching the hip bone) and increased muscle tone with rigid joints were found. Multiple jejunal atresia was detected by bedside X-ray examination.

Tracheal suctioning, tracheal intubation, and tracheostomy were performed. On February 5, 2021 by guest. Protected by copyright.