

Introduction

Cervical carcinoma is a preventable disease, yet it has a high fatality rate due to late presentation. (*Gharoro., et al 1999*) For primary prevention of cervical cancer we must know the etiological factors and how to remove the etiological factors. However, secondary prevention relies on population screening for early detection and appropriate management of its precursor lesions, cervical intraepithelial neoplasia (CIN). (*Farooqui&Zodpey., et al 2012*) The epidemiological studies shows that early age at first intercourse and multiple sexual partners increase the risk of development of CIN. These observations suggest that agents or factors associated with or transmitted by sexual intercourse may have a role in the etiology of CIN. (*Fisher., et al 2002*)

The human papillomavirus (HPV) is one of the most common sexually transmitted pathogens and is strongly associated with preneoplastic and neoplastic lesions of the uterine cervix. It has been postulated that HPV infection alone may not be sufficient to promote cervical carcinogenesis and that other cofactors could be implicated. (*Verteramo., et al 2009*)

Factors that may have a role in this progression include early onset of sexual activity (<16 years), high parity, multiple sexual partners, smoking, pregnancy, oral contraceptives, immunosuppressant, vitamin deficiency, low socioeconomic status and infection with sexually transmitted diseases (STDs),

such as chlamydia trachomatis and trichomonas vaginalis. (*Lukic., et al 2006*) and bacterial vaginosis (considered as one of the most common vaginal infections in the reproductive age and its prevalence in Benha gynecology clinic 36 % among non pregnant women. (**Abd.Elhadi et al., 2009**),

Mycoplasma species are the smallest free-living, cell wall-deficient microorganisms. Genital mycoplasmas, represents a species frequently found in the lower genitourinary tracts of sexually active healthy men and women. The most prevalent genital mycoplasmas are M. hominis, U. urealyticum, and M. genitalium. In evaluating the role of these organisms in human disease, their high prevalence among healthy people must be taken into account (*Peerayeh & Sattari., et al 2006*). Many authors have reported that these organisms could play important roles in genital tract pathologies such as bacterial vaginosis, pelvic inflammatory diseases, infertility and several adverse pregnancy outcomes, e.g., preterm delivery, premature rupture of membranes, chorioamnionitis. (*Gupta., et al 2009*)

As the genital mycoplasma is similar to CIN in epidemiologic features, we investigated the existence of an association between genital mycoplasma and the development of CIN. Limited publications are available about this subject, and their results reported such association. (*Biernat-Sudolska., et al 2011*)