***Chlamydia trachomatis*, human papillomavirus, bacterial vaginosis and cervical neoplasia**

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Dear Editor,

Chlamydia trachomatis (CT) and human papillomaviruses (HPV) may contribute to the development of cervical intraepithelial neoplasia (CIN) [1]. The association between HPV and bacterial vaginosis (BV) was described in pregnant women [2] or non-pregnant women [3]. One explication is host immune response variation [1]. Vaginal pH >4.5 is another possibility found in cases of association between BV and HPV [2].

The review of Silva et al. [1] recently published in *Arch Gynecol Obstet* show studies about possible association between CT and HPV. The review is well conducted; nonetheless, two points could be addressed. First, the possible association among HPV, CT and BV must be discussed. In a meta-analysis [3], 12 eligible studies were selected to review the association between BV and HPV (total of 6,372 women). The overall estimated odds ratio (OR) showed a positive association between BV and cervical HPV infection (OR 1.43; 95 % confidence interval 1.11–1.84). Other study [2] in pregnant women on association among HPV, CT and BV showed that compared to the group of pregnant women without HPV infection, those with HPV infection had a higher prevalence of BV (53.8 vs. 15.4 %; $p = 0.007$), and CT (34.6 vs. 7.7 %; $p = 0.039$). All cases of CT and BV had high-grade HPV infection.

The other point is about some references. Figure 2a showed a graphic representation of approximated CT DNA prevalence (%) in HPV-positive women, cervical neoplasia and/or invasive cervical cancer observed in some countries around the world. Look at references 62 and 70, both were cited as Brazilian studies but the analysis was conducted on Indians; another reference (69) described Colombian and not Brazilian patients. Although the merit of the paper is its expressiveness, I think these wrong citations must be corrected.

Conflict of interest I declare no conflict of interest in the letter to editor “*Chlamydia trachomatis*, human papillomavirus, bacterial vaginosis and cervical neoplasia” Eddie Murta.

References

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