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## VALIDATION OF DIAGNOSTIC TESTS FOR HISTOLOGIC CHORIOAMNIONITIS: SYSTEMATIC REVIEW AND META-ANALYSIS

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### Abstract

**Introduction:** The aim of this study was to determine the diagnostic performance of different diagnostic tests for histologic chorioamnionitis in patients at more than 20 weeks of gestation.

**Methods:** A systematic search was carried out through MEDLINE, EMBASE, LILACS, CENTRAL and unpublished literature. Observational studies included with pregnant women (>20 weeks) with chorioamnionitis. The reference standard was the histopathological study of the placenta, umbilical cord and fetal membranes. Two independent researchers extracted data and performed a meta-analysis of diagnostic tests.

**Results:** Twenty-nine articles were included. The studies provided evidence in the form of maternal clinical and serological tests; tests of vaginal fluid, amniotic fluid or the umbilical cord; fetal monitoring and ultrasound tests. To assess the performance of maternal serum CRP, 13 studies were included, showing a combined sensitivity of 68.7% (95%CI 58% - 77%) and a combined specificity of 77.1% (95%CI 67% - 84%). Maternal leukocytosis was evaluated in four publications, showing a combined sensitivity of 51% (95%CI 40% - 62%) and a combined specificity of 65% (95%CI 50% - 78%).

**Conclusions:** CRP and maternal leukocytosis, showed a low sensitivity and specificity. The sonographic evaluation of the fetal thymus is also more sensitive for the diagnosis of histologic chorioamnionitis than the fetal biophysical profile.

**KEYWORDS:** Chorioamnionitis, amniotic fluid infection, intra-amniotic infection, histologic chorioamnionitis, Sensitivity and specificity, diagnostic accuracy

### Introduction

Chorioamnionitis, defined as inflammation/infection of the fetal membranes after 20 weeks of gestation, is one of the main causes of perinatal morbidity and mortality (1). This condition is associated with maternal complications, such as a two- to four-fold increased risk of

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