

Molecular Study for Recurrent Spontaneous Abortions (RSA): the role of HSV, B19, and CMV Markers and Polymorphisms in TLR-3 associated with BOH

**SabreenA. Kamal¹, Nisreen Kaddim Radi², Ali Hussein Al-Marzoqi^{*3},
Hawraa Sabah Al-Musawi⁴ and Afaf K. Shuwaikh⁵**

^{1, 2, 3, 4} College of Science for Women, University of Babylon, Iraq

⁵ Collage of Engineering, ALMusaib university of babylon, Iraq
College of Science for Women, Babylon University, PO box 435, Al-Hillah city,
Babylon, Iraq

Abstract : The point of this study was to assess the most etiological agents that essential for RSV among pregnant women, in addition to that estimate the most important cytokines and TLR-3 polymorphisms in the population. A total of 90 CML and 60 control samples were analysed for Viral, Immunological and genetic polymorphism using PCR and ELISA technique.
Key words: RSA, HSV, B19, CMV, TLR-3, PCR.

Introduction

Herpes infections are extremely regular in nature and contaminate various species, including those of molluscs, reptiles, feathered creatures, and well evolved creatures. This gathering of infections is isolated into the subfamilies of Alphaherpesvirinae, Betaherpesvirinae, and Gammaherpesvirinae¹. Herpes infections, for example, herpes simplex 1 (HSV-1), herpes simplex 2 (HSV-2), and human cytomegalovirus (HCMV pseudonym HHV-5) contaminate epithelial cells (oral cavity, private parts) in people and are to a great degree across the board in the populace. As a rule, these diseases are asymptomatic.

By the by, essential and/or auxiliary herpetic diseases in particular conditions may prompt numerous clinical side effects. These pathogens have solid teratogenic properties and certain different herpes infections, for example, Epstein–Barr infection (EBV), are oncogenic². HSV-1 disease is typically restricted to the oropharynx, while HSV-2 is the primary driver of anogenital contamination, however both infections may influence either location². Herpes simplex infection (HSV) contamination is a standout amongst the most widely recognized viral sexually transmitted illness (STD) around the world. Herpes simplex infection sort 2 (HSV-2) is the reason for most genital herpes and is quite often sexually transmitted³.

Herpes simplex infection sort 1 (HSV-1) is generally transmitted amid adolescence by means of non-sexual contacts. The securing of genital herpes amid pregnancy has been connected with unconstrained fetus removal, rashness, and inherent and neonatal herpes⁴. Herpes simplex viral contamination in the neonate is ordinarily procured by contact with the mother's tainted birth canal⁵. Brooding period for herpes infection is somewhere around 4 and 21 days⁶. Essential contamination of HSV enters a dormant state in the nerve ganglia and may develop later to bring about intermittent dynamic disease. Neonatal HSV disease is normally procured during childbirth, in spite of the fact that a couple of babies have had discoveries suggestive of intrauterine infection⁵.

Cytomegalovirus (CMV) and parvovirus B19 are connected to both late fetus removal and stillbirth⁷, Parvovirus B19 diseases are connected with various clinical appearances that fluctuate from asymptomatic to serious manifestations. The primary clinical appearances are erythema infectiosum, transient aplastic emergency in people with hemoglobinopathies, perpetual frailty in the immunocompromised patients, intense polyarthralgia disorder in grown-ups, hydrops fetalis, unconstrained premature birth, and stillbirth^{8,9,10}. Because B19 infection has been associated with a wide variety of clinical manifestations and some clinical features of B19 infection such as anemia or rash can be common to other pathogens, a specific laboratory identification of B19 is required and any diagnostic tool must consider both the type of pathology and the type of patient. In immunocompetent individuals, virologic and serologic testing are complementary, whereas in immunocompromised patients viral detection is the test of choice. Today, viral detection is generally based on direct detection of the B19 genome in clinical samples^{7,11}.

Beginning late, TLR3 hailing has made as a key figure the safe mediated control of human herpesvirus 1 (HSV-1) pollutions. A few unmistakable innate needs/single-nucleotide polymorphisms (SNPs) in the human TLR3 quality or in the attributes of various particles required in the TLR3 hailing pathway (UNC93B and TRAF3) have been seen. These imperfections provoke a decreased outline of sort I and sort III interferons (IFN) by fibroblasts, and in this way a made disease replication in vitro^{11,12,13}. Likewise, mice that need TLR3 in like way show disappointed demolishing open portal after HSV-1 challenge, which is plainly in view of crippled time of sickness specific CD8+ T-cells¹³. TLR3 is a trademark representation affirmation receptor that sees viral dsRNA other than made dsRNA analogs, for case, poly(I : C). Safe cells that express TLR3 join dendritic cells, macrophages, NK cells and post cell¹⁴. The revelation of TLR3 is unflinchingly started in a mixture of cells by sort I IFN, viral illnesses or presentation to dsRNA. Motioning through TLR3 suitably actuates IRF3 and NF- κ B, inciting the surge of IFN β and unmistakable virtuoso ignitable cytokines¹⁵. The focuses of this study were to survey the bit of defilements with parvovirus B19, HSV-2, and CMV in dreary unfavorable births and to consider the expressive estimation of specific immunoglobulin (Ig) M against those contaminations isolated and seeing the closeness of their genomes by polymerase chain reaction (PCR) in maternal serum, paying little heed to that; we attempt to audit whether inherited mixes in the TLR3 quality could influence the event and/or validity of HSV-2 disease^{14,15}.

Methodology

▪ Patients

The patients were enlisted from an obstetric outpatient facility at the Babylon clinic for maternity and kids. Two distinct gatherings were assessed. The principal amass (N: 70) comprised of patients with therapeutically unexplained repetitive unconstrained premature births (RSA) (ladies with a background marked by 3 or all the more sequential unconstrained premature births including premature births up to 22 gestational weeks). The second gathering (N: 60) comprised of pregnant ladies without a past filled with RSA and with pregnancy term of over 32 weeks' incubation as control. The demographic, medicinal, and clinical information were gathered for every situation taking into account individual meetings and restorative examination. The ladies marked an educated assent before they were incorporated into this study.

▪ Sera Collection

Blood tests were gotten from every patient and centrifuged, and the sera were kept solidified in aliquots at - 20°C until examination. From every patient, 5ml of venous blood was attracted aseptically a sterile vacutainer and the serum was isolated. All the serum tests were tried for the nearness of particular IgM and IgG antibodies to HSV-1/HSV-2, CMV and Parvovirus B19, utilizing "Biotechnology Co., Ltd (Eabscience) (www.elabscience.com). It is a strong stage immunoassay, proposed for in vitro utilize as it were. All serum tests were tried by maker's writing rules gave along the packs. The test for the examine of HSV-1/HSV-2, CMV and B19 IgM ELISA depends on the guideline of the catch of the IgM and IgG immunoglobulins independently in patient's serum and resulting recognizable proof of those, which are particular, making utilization of their capacity to tie an antigen conjugated to peroxidase.

▪ Human cytokines determination using ELISA Kit

ELISA method applies to the in vitro quantitative determination of Human cytokines (IL-12, IL-6, IL-

18 and TNF α) centers in serum, plasma and other natural fluids. The procedure was done as manufacture company leaflet "Biotechnology Co., Ltd (Eabscience) (www.elabscience.com).

▪ Molecular detection for Parvovirus HSV-1/HSV-2, CMV and B19

Polymerase chain reaction was performed for each patient to detect specific DNA of CMV (Bioneer, Korea).

Table (1) Sequence of primers

GENE	Primer		bp.
HSV-1/HSV-2	F	5-GTGGTGGACTTTGCCAGCCTGTACCC-3	137 bp HSV-1
	R	5-TAAACATGGAGTCCGTGTCGCCGTAGATGA-3	100 bp HSV-2
1 cycle at 94°C for 2 minutes, 35 cycles of (94°C for 40 seconds, 56°C for 45 seconds, 72°C for 35 seconds), and 1 cycle at 72°C for 7 minutes			
CMV	F	5-CTG TCG GTG ATG GTC TCT TC-3	221 bp
	R	5-CCC GACACG CGG AAA AGA AA-3	
1 cycle at 94°C for 2 minute, 35 cycles (94°C for 1 minute, 59°C for 90 seconds , 72°C for 1 minute) and 1 cycle at 72°C for 7 minutes.			
B19	F	5-TGT GGT AAGAAA AAT AC-3	218 bp
	R	5-TCA TTA AAT GGA TTT-3	
1 cycle for 3 minutes at 95°C, 30 seconds at 50°C, and 35 cycles of 91°C for 1 minute, 50°C for 1 minute, and 67°C for 3 minutes.			
For TLR we used multiples primers for detection SNPs in the TLR3 gene			

▪ Statistical Analysis

Qualities were spoken to as means \pm SD, middle (range), or the quantity of subjects and extents.

Results and Disccussion

In this study, 70 patients were selected from an obstetric outpatient facility at the Babylon doctor's facility for maternity and children and control group with 60 pregnant women without a history of RSA was studied for Molecular detection of viral infection, Immunological determination of some interleukines in addition to study TLR-3 SNPs.

Table (2) Viral infetion related to BOH and control						
Viral infetion	No. Control	Control		No. RSA	RSA	
		No	%		No	%
HSV-1	60	7	11.7	70	32	45.7
HSV-2		5	8.3		26	37.1
CMV		18	30.0		17	24.3
B19		2	3.3		22	31.4

In the PCR study for viral DNA, parvovirus B19 was positive in 22 RSA (31.4%), HSV-2 was certain in 26 RSA (37.1%), and CMV was sure in 17 RSA (24.3%) patients. There was a measurably critical contrast between RSA patients and pregnant ladies without RSA in parvovirus PCR and HSV-2 PCR ($P < 0.02$) (Table 2).

Cytomegalovirus also, parvovirus are connected both to late premature births and to stillbirth⁷. Disease with parvovirus B19 amid pregnancy is known to be connected with different fetal harm, for example, aplastic paleness and hydropsfetalis^{17,18}. Reactivation of chronic CMV infection in the course of pregnancy might result in fetal infection with spontaneous abortion^{19,20}. In our study, the highest frequency of viral markers was for parvovirus B19 followed by HSV-2 and CMV IgM in RSA patients. Lin et al¹⁶ reported that parvovirus IgM

was detected in 36.4% of random female samples in Taiwan. In Kuwait, seroprevalence of parvovirus IgG and IgM were 53.3% and 2.2%, respectively, in pregnant women without recurrent abortions with seroconversion rates of 16.5%.¹⁴ In a Swedish study, the prevalence of parvovirus antibody was 81% with 6.8% seroconversion after labor^{21,22}. In Russia, the positivity of parvovirus B19 IgG was 66.9% and for CMV was 81.1% among pregnant aborters^{23,24}. The discrepancy between results of serologic tests in various studies for parvovirus B19 might be the result of the differences of the studied populations. In addition, the difference in gravidity might affect the rate of spread of parvovirus, which is an infectious disease transmitted mainly by children²⁵⁻²⁷. This also explains the presence of 2 cases positive for parvovirus B19 in the control group. However, the high detection rate of parvovirus among patients with recurrent abortions supports the hypothesis that parvovirus could be the leading cause of early recurrent abortions. The lower rate of positive CMV IgM could be credited to the way that essential CMV contamination is typically procured amid adolescence, so the serosusceptibility and the danger of essential disease is lower amid pregnancy than with different infections²⁸⁻³⁰. Herpes simplex virus 1/2 IgM was positive in 80% of women with recurrent abortions.²⁰ In another study, serology to HSV was positive in 32% of pregnant women³¹. It seems that the state of pregnancy predisposes to HSV reactivation, so pregnant females either with recurrent abortions or with normal pregnancy display serologic markers of HSV reactivation³². However, in our study there was a significant increase of HSV in patients with recurrent abortions compared with pregnant patients without recurrent abortions, which denotes that HSV may predispose to this condition.

Table (3) Allele frequencies among viral infected and control group for SNPs in the TLR3 gene					
TLR-3 Genotype rs13126816	Control (60)		RSA (70)		p value
	No	%	No	%	
AA	2	10.5	19	27.1	0.2
AT	8	42.1	24	34.3	
TT	9	47.4	27	38.6	
Allelfrequency	19		70		
A	12	32	42	34	0.77
T	26	68	80	66	
TLR-3 Genotype rs3775291	Control (60)		RSA (70)		p value
	No	%	No	%	
AA	0	0.0	13	21.3	0.2
AC	6	54.5	11	18.0	
CC	5	45.5	37	60.7	
Allelfrequency	11		61		
A	6	27	42	34	0.77
C	16	73	80	66	

Table 3 revealed the SNPs at rs3775291 and rs13126816 which are connected with a lessened rate of genital viral sullying. To take a gander at the relationship of vital worth polymorphisms in TLR3 and the rate of genital HSV-2 ailment, we looked repeat of four unmistakable TLR3 SNPs – rs13126816, rs13108688, rs3775292 and rs3775291 – in 239 HSV-2-sullied individuals and in 162 in number HSV-2-seronegative individuals. We found that two of the four SNPs were connected with the event of HSV-2 undermining. Substitution with an adenine (An) allele as opposed to a thiamine (T) at rs13126816 in an intron region of the TLR3 quality was associated with diminished rate of viral dirtying. An allele social occasion was found in 34% of HSV-2-seronegative subjects, however its repeat among viral undermined control was 32%. In addition, of The SNP at rs3775291 in the TLR3 quality is a missense change that prompts the substitution of a leucine by a phenylalanine at amino harming position 412.

Table (4) Immunological assay for Cytokines detection in RSA and Control cases associated with HSV-1/2 infection (Mean±SD)			
Criteria	Control Mean SD	RSA Mean SD	P value
Age	43.4+4.8	47.1+8.1	
TNF (pg/ml)	63.57+18.84	186.65+39.46	<0.005
IL-18 (pg/ml)	46.91+21.77	375.62+51.88	<0.005
IL-6 (pg/ml)	5.49+2.83	19.42+6.39	<0.005
IL-12 (pg/ml)	47+19.46	170.9+92.3	<0.005
Table (5) Immunological assay for Cytokines detection in RSA and Control cases associated with CMV infection (Mean±SD)			
Criteria	Control Mean SD	CML Mean SD	P value
Age	42.5+11.4	40.88+12.8	
TNF (pg/ml)	61.2+16.3	174.6+31.05	<0.005
IL-18 (pg/ml)	46.2+15.1	370.4+64.2	<0.005
IL-6 (pg/ml)	4.8+2.7	22.0+6.5	<0.005
IL-12 (pg/ml)	56.8+19.5	120.3+18.3	<0.005
Table (6) Immunological assay for Cytokines detection in RSA and Control cases associated with B19 infection (Mean±SD)			
Criteria	Control Mean SD	CML Mean SD	P value
Age	48.3+14.8	45.6+13.3	
TNF (pg/ml)	51.6+11.2	213.4+20.6	<0.005
IL-18 (pg/ml)	54.2+19.3	342.1+42.03	<0.005
IL-6 (pg/ml)	4.6+2.8	26.4+5.4	<0.005
IL-12 (pg/ml)	51.9+17.6	129.2+16.2	<0.005

In table (4,5 and 6) all cases of RSV and control was revealed that there are significant elevation in the titre of TNF, IL-18, IL-6, IL-12 with all RSV cases copared with control.

Defilements as submit intracellular parasites require their host to reflect them and to ask their spread to others. In individuals, viral debasements are by chance dangerous, paying little character to the way that they are outright cytolytic to individual cells. Viral dirtying prompts a broad showcase of secure frameworks in the host. Trademark watches wind up being potentially the most key parcel to piece or cover starting sullyng, to shield cells from weight, or to discard contamination demolished cells, and happen well before the onset of adaptable prosperity. The trademark safe certifications are begun by procedure for pathogen affirmation receptors of the Toll-like receptor (TLR) family or a get-together of DExD/H box RNA helicases^{23,32}. These cell sensors activate the disclosure of sort I (α/β) interferons (IFN) and a mixture of IFN-regulated qualities and provocative cytokines²⁴. TLRs are cell surface or endosomal film bound proteins proceeded by different cells including dendritic cells (DC), macrophages, lymphocytes, and parenchymal cells^{33,12}. Light of TLRs is, as is commonly said, inducible in most cell sorts, however a couple (TLR7/8/9) are constitutively presented at sporadic states by particular plasmacytoid DC for splendid IFN period. Unmistakable TLR particles see specific viral things, for event, single-and twofold stranded RNA (TLR 3 and TLR7/8, uninhibitedly) or twofold stranded DNA (TLR9). The all the additionally starting late delineated non-TLR RNA helicases, retinoic ruinous inducible quality (RIG-I) and melanoma portion related quality (MDA-5), mediate cytoplasmic request of viruses²⁶. It is ordinary that other cytoplasmic sensors of diseases are equivalently engineered to exist, for event, the starting late discovered cytosolic dsDNA sensor DAI (DNA-subordinate activator of IFN). A couple

of defilements may be rapid inactivated by supplement start or be beat by phagocytic cells that weight and ingest supplement bound virions. A couple of cytokines and chemokines induced by debasement in like way expect an area in accreditation. These join the cytokines TNF- α , IFN- γ , IL-12, IL-6, and chemokines, for event, MIP-1 α . In particular, IL-12 is an insane inducer of IFN- γ from NK cells. Singing chemokines may about see a key part in unsurprising antiviral secure by sorting out macrophage, neutrophil, DC, and NK responses at the site of infection^{30,27}.

People are contaminated by a few pathogenic infections, the quantity of which would be far more noteworthy however for the nearness of intrinsic and versatile instruments of insusceptibility. As it may be, generally few cause major clinical issues or lethality, with the exception of when the resistant reaction is disabled, truant, or useless. In any case, amid safe imperfections pathogenic infections turn out to be more important and infections that are unremarkable specialists in immunocompetent people turn out to be exceptionally critical³⁴.

References

1. Mettenleiter TC, Klupp BG, Granzow H. Herpesvirus assembly: An update. *Virus Res* 2009. 143:222–234.
2. Canaan A, Haviv I, Urban AE, Schulz VP, Hartman S, Zhang Z, Palejev D, Deisseroth AB, Lacy J, Snyder M, Gerstein M, Weissman SM. EBNA1 regulates cellular gene expression by binding cellular promoters. *Proc Natl Acad Sci* 2009. 106:22421–22426.
3. Anzivino E, Fioriti D, Mischitelli M, Bellizzi A, Barucca V, Chiarini F. Herpes simplex virus infection in pregnancy and in neonate: status of art of epidemiology, diagnosis, therapy and prevention. *Virology Journal*. 2009. 6:40.
4. Biswas D, Borkakoty B, Mahanta J, Walia K, Saikia L, Akoijam BS. Seroprevalence and risk factors of herpes simplex virus type-2 infection among pregnant women in Northeast India. *BMC Infectious Diseases*. 2011. 11:325.
5. Ali Hussein Al-Marzoqi, Zahraa Mohammad Al Tae and Hussein J. Hussein. Respiratory Syncytial Virus Infection among Children under 2 Years Old in Hillah City, Iraq. *Journal of Natural Sciences Research*. 2013. Vol.3, No.3. p:32-35.
6. Sadik MS, Fatima H, Jamil K, Patil C. Study of TORCH profile in patients with bad obstetric history. *Biology and Medicine*., 2012. 4(2): 95-101.
7. Fleming DT, McQuillan GM, Johnson RE, Nahmias AJ, Aral SO, Lee FK. Herpes simplex virus type 2 in the Unites States. *The New England Journal of Medicine*., 1997. 337: 1105–1111.
8. Lazzarotto T, Varani S, Spezzacatena P. Maternal IgG and IgM detected by blot as diagnostic tools to identify pregnant women at risk of transmitting cytomegalovirus. *Viral Immunol*. 2000. 13:137–141.
9. Corcoran A, Doyle S. Advances in the biology, diagnosis and host pathogen interactions of parvovirus B19. *J Med Microbiol*. 2004. 53:459–475.
10. Wermelinger MC, Delemann WM, LinadeMendonca MC. Detection of human parvovirus B19 infection: a study of 212 suspected cases in the state of Rio de Janeiro, Brazil. *J Clin Virol*. 2002. 25:223–230.
11. Ali Hussein Al-Marzoqi, Diyar K. Al-Janabi, Zahraa Mohammad Al Tae and Hussein Jabir Hussein. Prevalence and Physiological analysis of Acute Bacterial Meningitis infections at care center in Babylon province. *Journal of Natural Sciences Research*. 2012. Vol.2, No.9. P: 75-81
12. Casrouge, A., Zhang, S. Y., Eidenschenk, C., Jouanguy, E., Puel, A., Yang, K., Alcais, A., Picard, C., Mahfoufi, N. & other authors. Herpes simplex virus encephalitis in human UNC-93B deficiency. *Science*. 2006. 314, 308–312.
13. Pe´ rez de Diego, R., Sancho-Shimizu, V., Lorenzo, L., Puel, A., Plancoulaine, S., Picard, C., Herman, M., Cardon, A., Durandy, A. & other authors. Human TRAF3 adaptor molecule deficiency leads to impaired Toll-like receptor 3 response and susceptibility to herpes simplex encephalitis. *Immunity*. 2010. 33, 400–411.
14. Guo, Y., Audry, M., Ciancanelli, M., Alsina, L., Azevedo, J., Herman, M., Anguiano, E., Sancho-Shimizu, V., Lorenzo, L. & other authors. Herpes simplex virus encephalitis in a patient with complete TLR3 deficiency: TLR3 is otherwise redundant in protective immunity. *J Exp Med*. 2011. 208, 2083–2098.

15. Sabreen A. A. Kamal, Ruqaya M. J. Awadh, Ali H. M. Al-Marzoqi. Genetic Study of TORCH Infections in Women with Bad Obstetric History: Multiplex Polymerase Chain Reaction for Detection of Common Pathogens and Agents of Congenital Infections. 2013. Journal of Biology, Agriculture and Healthcare. Vol.3, No.18. p: 49-53.
16. Davey, G. M., Wojtasiak, M., Proietto, A. I., Carbone, F. R., Heath, W. R. & Bedoui, S. Cutting edge: priming of CD8 T cell immunity to herpes simplex virus type 1 requires cognate TLR3 expression in vivo. J Immunol. 2010. 184, 2243–2246.
17. Vercammen, E., Staal, J. & Beyaert, R. Sensing of viral infection and activation of innate immunity by Toll-like receptor 3. Clin Microbiol Rev. 2008. 21, 13–25.
18. Oshiumi, H., Matsumoto, M., Funami, K., Akazawa, T. & Seya, T. TICAM-1, an adaptor molecule that participates in Toll-like receptor 3-mediated interferon- β induction. Nat Immunol. 2003. 4, 161–167.
19. Maksheed M, Pacsa AS, Essa SS. The prevalence of antibody to human parvovirus B19 in pregnant women in Kuwait. Acta Trop. 1999;15:225–229.
20. Szkaradkiewicz A, Pieta P, Tulecka T. The diagnostic value of anti-CMV and anti HPV, B19 antiviral antibodies in studies on causes of recurrent abortions. Ginekol Pol. 1997;68(4):181–186.
21. Skjoldebrandsparre L, Tofventamt, Papadogiannakis N. Parvovirus B19 infection: association with third trimester intrauterine fetal death. Br J Obstet Gynaecol. 2000;107:476–480.
22. Ali Hussein Al-Marzoqi, Nisreen Kaddim Radi, Ammal Raqib Shamran. HUMAN GENETIC VARIATION SUSCEPTIBILITY ASSOCIATED WITH HBV: ANALYSIS OF GENETIC MARKERS SUSCEPTIBILITY TO HEPATITIS B AMONG PATIENTS IN BABYLON PROVINCE. World Journal of Pharmaceutical Research. 2015. Volume 4, Issue 4, 102-113.
23. Odland J, Sergejeva IV, Ivaneev MD. Seropositivity of cytomegalovirus, parvovirus and rubella in pregnant women and recurrent aborters in Leningrad country, Russia. Acta Obstetrica Gynecol Scand. 2001;80:1025–1030.
24. Panum Jensen L, Thorsen P, Jeune B. An epidemic of parvovirus B 19 in a population of 354 pregnant women: a study of sociodemographic and medical risk factors. Br J Obstet Gynaecol. 2000;107:637–643.
25. Lenkiewicz B, Roszkowski T, Grabarczyk P. Diagnosis of human parvovirus B19 infection in non immunohydropes fetalis. Ginekol Pol. 1998;69(4):175–181.
26. Ali Hussein Al-Marzoqi, Zahraa M. Al-Taei & Nada Khalid Ahmed. CYTOKINE PROFILES AMONG ASTHENOSPERMIC MEN WITH CHLAMYDIA TRACHOMATIS INFECTIONS: CONCENTRATIONS AND SIGNIFICANCE OF MULTIPLEX SEMINAL FLUID CYTOKINE AND OTHER IMMUNOLOGIC FACTORS. 2014. I.J.S.N., VOL.5 (1)
27. Maysaa El-Sayed Zaki, Hossam Goda. Relevance of Parvovirus B19, Herpes Simplex Virus 2, and Cytomegalovirus Virologic Markers in Maternal Serum for Diagnosis of Unexplained Recurrent Abortions. Arch Pathol Lab Med. 2007. Vol 131.
28. Kawai T., Akira S. TLR signaling. Cell Death Differentiation 2006; 13: 816–825.
29. Ali H. Al-Marzoqi, Haider Sh. Obaies, Ali M. Saad. Molecular and Cytopathological study on etiological agents responsible of Sexually Transmitted diseases. International Journal of PharmTech Research. 2016. Vol.9, No.6, pp 357-365.
30. Garcia-Sastre A., Biron CA. Type 1 interferons and the virus–host relationship: a lesson in detente. Science 2006; 312: 879–882.
31. Kopp E., Medzhitov R. Recognition of microbial infection by Toll-like receptors. Curr Opin Immunol 2003; 15: 396–401.
32. 6. Kawai T., Akira S. Innate immune recognition of viral infection. Nat Immunol 2006; 7: 131–137.
33. Esche C., Stellato C., Beck LA. Chemokines: key players in innate and adaptive immunity. J Invest Dermatol 2005; 125: 615–628.
34. Ali Hussein Al-Marzoqi, Nebras M. Sahi Al-Khafaji and Hussein J. Hussein. In vitro Antibacterial Activity Assessment of the crude Phenolic, Alkaloid and Terpenoid compounds extracts of *Lepidium sativum* L. on Human Pathogenic Bacteria. International Journal of ChemTech Research. 2016. ol.9, No.04. p 529-532.
