Toxoplasmosis in immunocompetent hosts diagnosed using pathohistological examination and toxoplasma antibody tests. Tatsuji Hoshino et al. Obstetrics and Gynecology, Meiwa General Hospital, Nishinomiya, Hyogo, Japan.

**Objectives**
We reviewed the cases in our hospital to determine if Toxoplasma infection occurs more often than has been recognized.

**Methods**
We clinically diagnosed Toxoplasma infection in our hospital as follows: Pathological examination was performed, and if Toxoplasma infection was suspected based on the results, a test for anti-Toxoplasma antibody was performed. Toxoplasma infection was confirmed if both anti-Toxoplasma IgG and IgM antibodies were positively detected.

**Results**
In the 8 years from 2008 to 2015, we clinically identified 5 cases of Toxoplasma infection. 1) One patient was a 28-year-old woman who had no subjective symptoms, but she had an IUFD during the 15th week of gestation. Pathological examination of the autopsy specimens confirmed a Toxoplasma cyst. Anti-Toxoplasma IgG: 320 (>20), IgM: 20 (>10). 2) A 32-year-old woman had experienced left cervical lymphadenopathy for 5 years, which had gradually increased recently. A lymph node dissection was performed, and Toxoplasma lymphadenitis was suspected. IgG: 320, IgM: 40. 3) A 20-year-old woman had experienced bilateral cervical lymphadenopathy for 6 months, which had recently begun gradually increasing in size. A lymph node dissection was performed, and Toxoplasma lymphadenitis was suspected. IgG: 320, IgM: 40. 4) A 44-year-old woman experienced 3 days of right cervical lymphadenopathy. A lymph node dissection was performed, and Toxoplasma lymphadenitis was suspected. IgG: 320, IgM: 40. 5) A 23-year-old man had lymphadenopathy in the bilateral posterior cervix and left axilla 1 month previously. A PET-CT revealed a strong accumulation that was compatible with malignant lymphoma. A 15-mm large lymph node dissection was performed on the left axilla, and Toxoplasma lymphadenitis was suspected. IgG: 45, IgM: 8.99.

**Conclusions**
Although symptomatic Toxoplasma infection in immunocompetent individuals is rare, it does occur. Therefore, to prevent congenital toxoplasmosis, doctors should conduct screening in pregnant women using a test of anti-Toxoplasma antibodies.