

DONOVANOSIS IN NORTH INDIA

SARDARI LAL,* RATAN SINGH,† R. C. SHARMA † AND M. C. BARUAH ‡

Summary

Out of 3567 patients, who attended S.T.D. clinic of Lok Nayak J. P. Hospital, New Delhi during the period July, 1975 to November, 1977, 126 (3.5 per cent) were suffering from Donovanosis. 84 per cent of the patients with the disease were aged between 20 and 40 years. Majority of the patients (92.9%) had lesions on genitalia while inguinal regions were involved in 12.7% only. Increasing magnitude of the disease in Delhi and surrounding States of North India is highlighted.

Donovanosis is endemic in Madras (now Tamil Nadu and Andhra Pradesh), Orissa and Himachal Pradesh States of India¹. Sowmini et al² reported the prevalence of the disease based on data collected for the year 1969 from various S.T.D. clinics in different States of India. The prevalence of the disease was 1% or above of all cases of sexually transmitted diseases (S.T.D.) in some clinics in the States of Tamil Nadu, Andhra Pradesh, Maharashtra and Kerala. In the present communication, we report on the clinico-epidemiological features of 126 cases of Donovanosis seen in S.T.D. clinic of Lok Nayak J. P. Hospital, New Delhi and highlight the increasing magnitude of the disease in Delhi and adjoining States of North India.

Material and Methods

The material comprises 126 cases of Donovanosis diagnosed in the S.T.D. clinic of Lok Nayak J. P. Hospital and Maulana Azad Medical College, New Delhi during the period July, 1975 to November, 1977. Diagnosis was made by the demonstration of "Donovan bodies" in tissue smear from ulcers, stained with Leishman stain.

Observations

Prevalence. Of 3,567 patients who attended the S.T.D. clinic during the period, 126 (3.5 per cent) were found to be suffering from Donovanosis.

Geographical distribution (Fig): Majority of the patients (116) belonged to Delhi. 3 each were from Haryana and Maharashtra and 1 each from Uttar Pradesh, Punjab, Bihar and Tamil Nadu. **Place of infection (Fig):** Majority of the patients (108) acquired the infection from Delhi, 4 each from Uttar Pradesh and Maharashtra, 3 from Haryana, 2 each from Bihar and Bengal, and 1 each from Karnataka, Andhra Pradesh and Tamil Nadu. **Age distribution (Table-1):** 84% of the patients were aged between 20 and 40 years which is the period of maximum sexual maturity.

* Associate Professor & Head of the Department of Dermatology & S.T.D., Jawaharlal Institute of Post-Graduate Medical Education & Research, Pondicherry 605006

† Professor & Head of the Department of Dermatology & STD,

† Lecturer, Department of Dermatology & STD, Maulana Azad Medical College, New Delhi-2

‡ General Duty Medical Officer, Department of Dermatology & STD, Lok Nayak J. P. Hospital, New Delhi-2

Received for publication on 14-7-1978

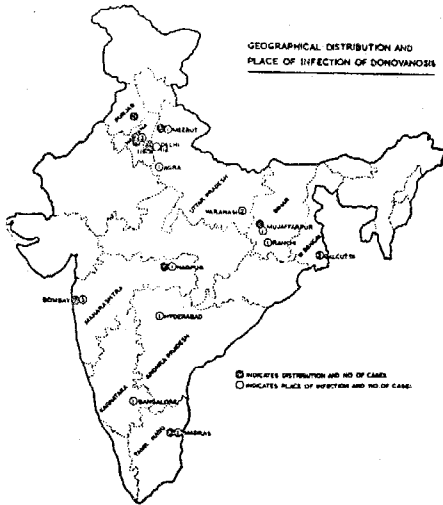


TABLE 1
Age Distribution

Age (years)	Number	Percentage
12-19	13	10.3
20-40	106	84.1
Above 40	7	5.6

Sex distribution: There were 114 males and 12 females. Marital status: Majority of the patients (65.9%) were single. Duration of disease: This was one month or less in 72 (58.8%) cases, over one month and upto 1 year in 43 (34.1%) cases, and over 1 year in 9 (7.1%) cases.

Incubation period: The shortest incubation period was between 1 to 7 days in 36 (28.6%) cases, 8 days to one month in 41 (32.5%) cases, above 6 months in 2 (1.6%) cases. In 30 (23.9%) cases the incubation period could not be worked out.

Sites involved (Table-2): Majority of the patients (92.9%) had lesions on

TABLE 2
Sites Involved

Site	Number	Percentage
Genitalia	117	92.9
Inguinal Regions	16	12.7
Anal Region	12	9.5
Oral Cavity	1	0.8

genitalia while inguinal regions were involved in 12.7% only. This is in agreement with the findings of Lal and Nicholas³. Anal region was involved in 12 (9.5%) cases and oral cavity in one case.

Associated sexually transmitted diseases: Syphilis was found in 29.3% of cases while 7.9% were suffering from lymphogranuloma venereum.

Discussion

There is a general impression that Donovanosis hardly exists in North India. Our findings in Delhi (North India) are not in agreement with this impression. We found 126 (3.5%) cases of the disease among the 3567 patients who attended the S.T.D. clinic of Lok Nayak J.P. Hospital, New Delhi during the period July 1975 to November, 1977. Majority of these patients (116) belonged to Union Territory of Delhi and place of infection was Delhi itself in 108 cases. Three cases came from Haryana and places of infection in them were the towns of Karnal, Sopepat and Panipat. One case came from Uttar Pradesh and the place of infection was Meerut town, in 3 other cases place of infection were Agra and Varanasi towns. Further, one of our patients got infection in Delhi from a woman from Uttar Pradesh. There was no case from Rajasthan, in our series nor was Rajasthan a place from where the infection was traced. However, one of our cases was infected in Agra from a woman from Rajasthan. Further, report of Khatri et al⁴ indicates existence of the disease in Rajasthan. One of our cases was from Punjab (Kapurthala). This was a woman from Bengal who was infected in Calcutta. The occurrence of the disease in Punjab has already been recorded⁵. One case came from Bihar in whom place of infection was Muzaffarpur and in another case place of infection was Ranchi. There was no case from Himachal Pradesh but one of our

cases got infection in Delhi from a woman from Himachal Pradesh. Thus, there is no doubt that the disease exists in Delhi and surrounding States of North India in a significant magnitude. Awareness of the disease amongst Dermato-Venereologists, Surgeons and Gynaecologists is needed to know the real magnitude of the disease in North India.

Acknowledgement

We are highly grateful to the Medical Superintendent, Lok Nayak J. P. Hospital, New Delhi and the Dean, Maulana Azad Medical College, New Delhi for providing facilities for the present study.

References :

1. Rajam RV and Rangiah PN: *Donovanosis*, WHO Monograph series No. 24, 1954.
2. Sowmini CS, Nair GM & Vasantha MN: Climatic influence on the prevalence of Donovanosis, *Indian J Derm Vener* 38 : 221, 1972.
3. Lal & Nicholas C: Epidemiological and clinical features in 165 cases of granuloma inguinale, *Brit J Vener Dis* 46:461, 1970.
4. Khatri ML, Mathur NK & Kalla G: Clinico-epidemiological study of 26 cases of Donovanosis, *Indian J Derm Vener*, 42 : 38, 1976.
5. Sadana SR & Lal S: Case report of granuloma inguinale from Punjab, *Indian J Derm Vener*, 31 : 157, 1965.

We are happy to announce that arrangements have been made to make available **Microfilm** of the publication in our journal. These are available from 1950 publications onwards.

Those interested in ordering such microfilm may kindly contact :

“University Microfilms International
Serials Bid Coordinator
18 Bedford Row
London WC 1R 4EJ UK”

—*Managing Editor*