

PATTERN OF SEXUALLY TRANSMITTED DISEASES IN AND AROUND UDAIPUR

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The patients who attended the STD clinic of our hospital during the last 10 years were studied retrospectively to work out the pattern of major sexually transmitted diseases viz, syphilis, gonorrhoea, chancroid, lymphogranuloma venereum and donovanosis. The total number of patients was 1093. The relative incidence of chancroid was found higher (37.78%) than syphilis (32.47%), gonorrhoea (24.79%), mixed infections (3.38%), donovanosis (1.18%) and lymphogranuloma venereum (0.36%).

Key words : Sexually transmitted diseases, Pattern.

The epidemiology of STD varies from country to country and even from place to place within a country. Various studies on STD are available from different parts of India, but India is a vast country and regional differences are there. Sowmini et al¹ reported a high incidence of donovanosis in Andhra Pradesh, Tamil Nadu and Karnataka, but there was no case of lymphogranuloma venereum (LGV) or donovanosis in the reports from Kashmir² and Lucknow.³

Materials and Methods

The records of 1093 consecutive patients who attended the STD clinic of our hospital with syphilis, gonorrhoea, chancroid, LGV and donovanosis during the last ten years were reviewed. The data was tabulated according to the age, sex, marital status, the source of infection, the reason for infection and the type of infection. All the cases were investigated completely as per standard criteria to reach the final diagnosis.⁴

Results

There were 1032 males and 61 females. The male:female ratio was 17:1. The maximum number (85.36%) of male patients were between

15-30 years of age with a peak (43.60%) in the 21-25 years age group, whereas most (78.68%) of the females were between 15-25 years age. In general, the cases of chancroid (37.78%) were more than syphilis (32.47%), gonorrhoea (24.79%), mixed infections (3.38%), donovanosis (1.18%) and LGV (0.36%). The males followed almost the same pattern, but females mostly had syphilis (75.40%). Most (64.72%) of the males with syphilis reported for primary chancre in contrast to females who reported more (47.82%) with secondary syphilis than primary syphilis (39.13%). A few (3.38%) patients reported with mixed infections, the commonest combinations being primary syphilis and chancroid, and gonorrhoea and chancroid. The cases of LGV and donovanosis were very few and no female had donovanosis.

Married males, unmarried males and married females constituted 61.11%, 33.02% and 5.30% cases respectively. The prostitute was a possible source of infection in 54.94% married male patients and 76.45% of unmarried male patients, while the spouse was blamed in 28.14%. The husbands were held responsible by 84.48% of the married female patients. The reason for STD in males was recreation in 41.76%, unmarried state in 20.05% and infection from the spouse in 18.21%.

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Comments

Like other studies^{3,5-7} the number of females in this study was very less than the males. The maximum number of patients were between 15 and 30 years of age which is a sexually active age group and it is in accordance with others also.⁸⁻¹² Like Saha et al¹² and Sehgal,¹³ the relative incidence of chancroid was higher than syphilis and gonorrhoea but it was in contrast to others.^{2,3,5-7,14,15} We feel it could be due to treatment of genital sores by general practitioners with penicillin and when the cases do not respond to this treatment then they are referred to a specialist. Such cases were 10% in our study. In this way syphilitic ulcers are mostly treated outside STD clinic while chancroid cases are referred to STD clinic. Most of the females in this study were syphilitic and were referred by obstetricians and gynaecologists. Therefore the female population in our study was highly selective and does not represent the pattern of major STDs as amongst males. As reported in the literature,^{5,12} primary syphilis was more common in males while secondary syphilis was as common as primary syphilis in females. This difference could be due to early reporting by male patients. The cases of LGV and donovanosis were less like earlier reports. It is to be stressed that relative incidence of STDs can vary at the same place in different periods of time either due to real increase in incidence of the particular disease or due to better diagnostic procedures afterwards. Between 1937-1959, any case of LGV or donovanosis was not recorded in Pondicherry⁶ but a subsequent report for 1961-1965 included these entities.⁷ It is important to note that the students comprised 13.44% of patients. A prevalence of 3.93% has been noticed in the university male resident students earlier.¹⁶ The married patients were more than unmarried patients unlike other reports.^{5,8,17,18} As reported earlier also^{5,12,18} the prostitutes were the commonest source of infection for males in this study, while Ramachander et al⁸ found

non-paid contacts to be more common. Most of the females acquired the infection from their husbands like other reports.^{5,18}

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