

ANALYTICAL STUDY OF 1,054 GENITAL LESIONS

K. VIJAYALAKSHMI*

Introduction :

In the past, genital lesions, were commonly attributed to the venereal poison and no causal distinction was made between diseases known as Gonorrhoea and Syphilis. History reveals that Hunter (1786) regarded warts as a manifestation of Syphilis; and Gonorrhoea as self-same Syphilis!

How-be-it, at the present, according to set diagnostic formulae, based on an ensemble of data available, genital lesions in men and women, occurring over a background of venery are labelled 'Venereal' and categorised as belonging, severally to

Syphilis,
Chancroids,
Lymphogranuloma Venereum,
Granuloma Venereum nee Donovanosis,

of major importance; and

Herpes Progenitalis,
Warts,
Balanitis and Balano-posthitis,

of minor importance; and the rest are catchbasketed as

Scabies,
Molluscum Contagiosum,
Erythroplasia of Queyrat,
Carcinoma, etc.,

in all of which, it has been seen that the sexual act has been a common factor, although not necessarily causal but coincidental.

Materials and Methods :

The Physicians posted at the New Cases Room in the Institute of Venereology, Madras, paved the way first for documentation of the essential data, elicited after careful historical, clinical, paraclinical and epidemiologic examinations of patients and then for the disposal as per standard schedules.

Other medical officers on relay duty, as it were, in the Institute elsewhere, on subsequent pursuit of the patients, helped to continue the management of the illnesses till satisfactory clinical cure was achieved and finally the patients were discharged.

The pertinent documents of these patients, were reviewed in the course and by the end of the calendar year, and the Senior Staff recorded the appropriate diagnosis on the basis of the available data.

The Statistician of the Institute of Venereology, Madras, classified the diagnosed materials and prepared the Annual Report.

It is this material that has been utilised in this analytical study.

Results of Analytic Study :

Setting aside case cards of Gonorrhoea patients and of those others in whom lesions were not noted at the genital zone but elsewhere, and choosing those alone with genital lesions, a blitz scan of the 2,648 cards of women patients of the Institute of Venereology, Madras, for the whole year, 1970, was carried out; this process yielded more

* Institute of Venereology,
Madras Medical College, Madras
Paper read at the A. P. I. Conference

than 200 documents bearing evidence of genital lesions. Similar salvage operations of the first 3,480 cards of male patients led to the discovery of 800 documents revealing evidence of genital lesions.

Everyone of these 'picked up case cards', relating to genital lesions in men and women, irrespective of whether there were in them, information also, of associated lesions elsewhere, was subjected to further scrutiny and contributory details were meticulously jotted down, till the targeted number of over 1,000 cards had been extracted. This material was transferred to a primary chart; secondary charts were next prepared separately, under the headings:

Primary Syphilis,
Secondary Syphilis,
Chancroids,

Herpes Progenitalis,
Genital Warts,
in relation to sex, age, marital status and associated illnesses.

Detailed information regarding genital lesions, however, in relation to size, shape, colour, consistency, number, location, vicinitous lymphadenopathy, rash, signs of systemic upset, incubation period, duration of lesions, number of appearances, whether treated in the past and now, whether the sex mate or mates bore evidence of similar infection, will be presented in another note.

For proper appraisal of the significance of the genital lesions at a glance, a bird's eye view of the total VD Statistics of the Institute of Venereology for 1970 and the proportion of each of the V.D., exhibiting genital lesions, and other charts are presented:

Table I:—Showing the number of cases of venereal diseases registered at the Institute of Venereology, between 1964 and 1970, showing a resurgence of V.D.

Year	Early Syphilis	Late Syphilis	Latent Syphilis	Congenital Syphilis	Total All Syphilis	Gonorrhoea	Chancroids	LGV	VG
1964	905	117	465	9	1496	393	790	262	70
1965	874	89	424	22	1409	639	895	355	94
1966	1070	94	322	11	1497	644	630	309	99
1967	1236	146	419	19	1820	764	623	346	88
1968	1112	125	353	29	1619	750	646	451	115
1969	1184	132	540	31	1887	801	867	368	155
1970	907	329	580	13	1829	750	1027	363	152

Table II—Genital disease in male and female

Disease	Males	Females	Total
Syphilis	1339	490	1829
Chancroid	991	36	1027
Gonorrhoea	703	47	750
LGV	355	8	363
VG	119	33	152
Herpes Progenitalis	248	35	283
Warts	240	24	264

NOTE:— (i) Syphilis ranks first in genital disease.

(ii) Herpes and Warts are competing with Donovanosis.

Table III—A comparative statement of figures for Tamil Nadu and Great Britain for identical period

Disease	Tamil Nadu		Great Britain	
	Male	Female	Male	Female
Syphilis	1336	446	2434	1168
Chancroid	615	7	63	1

Note the striking resemblance between figures for Britain and Bharat's representative—Tamil Nadu. This is but natural for in matters of sex, we are all after all, Bai, Bai!

Table IV—Review of 6,128 case records to find out the number of patients having Genital lesions

	Number reviewed	Genital lesions	
Women	2,648	226	8%
Men	3,480	828	24%
Total	6,128	1054	17%

Table V—An analysis of 1,054 genital conditions in (1970) and the sex distribution of genital lesions in different illnesses of sexual origin

' A '

Diseases	S E X	
	Males	Females
Primary Syphilis	169 (20.41%)	10 (4.42%)
Secondary Syphilis	36 (4.35%)	58 (25.66%)
Chancroids	344 (41.54%)	43 (19.02%)
Granuloma Venereum	37 (4.47%)	33 (14.60%)
Herpes Progenitalis	103 (12.44%)	39 (17.26%)
Warts	45 (5.44%)	16 (7.68%)
L.G.V.	...	3 (1.33%)
Vulvo Vaginitis (Gonococcal)	...	1 (0.44%)
Total	734 (88.65%)	203 (89.81%)

Note the relative rarity of primary syphilis in women whilst the opposite is true of secondary syphilis. Genital lesions wise, Chancroids top the list.

'B'

Sl. No.	Disease	SEX	
		Males	Females
1	Balanoposthitis	57	...
2	Fusospirillosis	11	3
3	Malignant Ulcers	11	3
4	Non Specific Ulcers	4	6
5	Drug Allergy	2	1
6	Mycotic Infection (with or without Diabetes)	2	1
7	Scabies	2	1
8	Avitaminosis	1	...
9	Erythroplasia of Queyrat	1	...
10	Hansen's Infection	1	...
11	Pyoderma	1	1
12	Induratio Penis Plastica (1a Peyronie's Disease)	1	...
13	Tuberculous Ulcer	...	3
14	Vitiligo	...	2
15	Amoebiasis	...	1
16	Molluscum Contagiosum	...	1
17	Herpes Zoster	...	1
Total		94 (11.35%)	23 (10.19%)

Note:—The seventeen categories, supra, had sexual contact as background. We did not have genital leishmaniasis this year.

Table VI—Primary Syphilis

	Marital Status			Total
	Single	Married	Others	
Males	101	64	4	169
Females	2	8	1	10
Total	103	72	4	179

Age Distribution

Years	10-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	Above 55	Total
Males	1	16	62	39	22	14	10	2	4	1	169
Females	2	3	4	—	1	—	—	—	—	—	10
Total	2	19	66	39	23	14	10	2	4	—	179

Table VII—Secondary Syphilis

	Marital Status			Total
	Single	Married	Others	
Males	22	11	3	36
Females	13	30	14	57
Total	35	41	17	93

Age Distribution

Years	10-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	Above 55	Total
Males	-	8	10	10	2	3	2	1	-	-	36
Females	12	25	11	5	3	-	1	-	-	-	57
Total	12	33	21	15	5	3	3	1	-	-	93

Table VIII—Chancroid

	MARITAL STATUS			Total
	Single	Married	Others	
Males	227	110	7	344
Females	6	32	5	43
Total	233	142	12	387

Age Distribution

Years	10-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	Above 55	Total
Males	-	53	145	90	21	24	4	4	3	-	344
Females	5	22	8	4	1	2	1	-	-	-	43
Total	5	75	153	94	22	26	5	4	3	-	387

Table IX—Herpes Progenitalis

	MARITAL STATUS			Total
	Single	Married	Others	
Males	58	40	5	103
Females	5	32	2	39
Total	63	72	7	142

Age Distribution

Years	10-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	Above 55	Total
Males	1	8	33	25	21	8	3	3	2	1	103
Females	4	14	12	9	1	1	1	1	1	1	39
Total	4	22	45	34	21	8	3	3	2	1	142

Table X—Granuloma Venereum

	MARITAL STATUS			Total
	Single	Married	Others	
Males	18	17	2	37
Females	4	20	9	33
Total	22	37	11	70

Age- Distribution

Years	10-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	Above 55	Total
Males	1	7	11	7	5	2	3	1	1	1	37
Females	1	17	7	3	2	1	1	2	1	1	33
Total	1	24	18	10	7	3	4	3	1	1	70

Table XI—Warts

	MARITAL STATUS			Total
	Single	Married	Others	
Males	26	18	1	45
Females	1	9	6	16
Total	27	27	7	61

Age Distribution

Years	10-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	Above 55	Total
Males	1	9	18	8	2	2	1	4	2	1	45
Females	2	8	3	3	1	1	1	1	1	1	16
Total	2	17	21	11	2	2	1	4	2	1	61

Comments :

1. Genital lesions were predominantly of ulcer variety; only a small proportion were of inflammatory type and a few, vesicular or warty.

2. The ratio between the sexes with genital lesions was characterised by variations for the different V.D.

3. The age distribution of the diseases, confirms the possible relation of the illnesses to varying degrees of sexual activity most during 20 yr-40 yr age period with the acme at the 25th year in the male and 20th year in the female.

4. The reactive serologic test for syphilis detected in association with the different illnesses, suggests one of two circumstances :

- (a) Biologic False Positive Reaction, rare in Tamil Nadu,
- (b) Association of Syphilis in a latent phase or Syphilis already treated, well or ill.

5. Genital lesions prompt patients to seek treatment.

6. Not a single gumma over the genitalia was encountered, justifying the presumption that the people are generally penicillinized.

7. There is no unitary cause for genital lesions. Clinical and more than that, paraclinical and other data, must be collected, to draw correct conclusions

for appropriate therapy, in time. This presupposes possession of DF Microscope and STS facilities in VD Clinics.

Summary : 1054 genital lesions have been analysed.

Genital lesions may be :

- (i) sexually or non sexually acquired
- (ii) indices of genital diseases;
- (iii) of multifactorial etiology, and therefore appropriate categorization and adequate treatment at opportune time will give satisfactory outcome;
- (iv) easily treatable, if of the early phase; and
- (v) of epidemiologic importance, for, if one of the sex partners has them, the other participants in sexual congress may be justifiably deemed to have been involved in the same illness and treated accordingly, even if discovered during the incubation period.

The aphorism, "No genital lesions, no patients in VD dept." is true to an extent.

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REFERENCES

1. Hossain ASMT, Statistics of V.D., Indian J. Derm. and Vener., 37: 214-222, 1971.
2. Oriol JD, Natural History of Gen. Warts, Brit. J. Vener. Dis. 41, 1971.