

ABSTRACT

Sexual Transmission of Viral Hepatitis B and its carrier state in patients with Sexually Transmitted Diseases (STD).

Group Captain R K Dutta and Flt Lt S M Sachdeva, Command Hospital, Air Force, Bangalore. The Journal of the Association of Physicians of India, 1982, 30 : 861.

100 cases of hepatitis B, 100 patients with STDs and 25 healthy controls were studied with an aim to throw more insight on the role of sexual contacts on transmission of surface hepatitis B antigen and to detect carrier state among patients with STDs. All patients were subjected to detailed history and examinations with particular attention to liver functions like serum bilirubin and serum proteins, serology and tests for hepatitis surface B antigens and antibodies.

Majority were male patients (94%) between 21-30 years of age (58%). The high incidence of parenteral therapy (78%) noted in the subject group, could not be taken as significant since all our subjects were routinely inoculated. None of the STD patients showed evidence of viral hepatitis. 47% of patients with hepatitis gave history of homo/heterosexual contacts. The differences in proportions of HbsAg positivity between contacts of hepatitis B subjects and contacts of healthy controls were found statistically not significant. In the present study Viral hepatitis B infection was found not to be related to sexual contacts in India.

Study of Dermatoglyphics in Diabetes Mellitus, Essential Hypertension and Ischaemic Heart Diseases.

Lt Col T R Kapur et al, Classified Specialist (Derm & Vener), Military Hospital, Bareilly (UP), Indian Med Gaz 1983; 117: 128-131.

Dermatoglyphic patterns and total ridge count were studied in 100 random selected Indian Army personnel of mixed Indian population. They included 25 males each of control, with diabetes mellitus, with essential hypertension and with ischaemic heart disease. In diabetes mellitus there was statistically significant decrease in loop (44.4%) and increase in whorls (52.4%). There were more radial loops over second digits of left hand and increase in number of arches over right digits and both were statistically significant in essential hypertension. In ischaemic heart disease though there were more ulnar loops over second digits, this was statistically not significant. There was increase in total ridge count in diabetes mellitus and ischaemic heart but which was not significant. Decrease in ridge count was statistically significant in essential hypertension.