CLINICO EPIDEMIOLOGICAL STUDY OF 26 CASES OF DONOVANOSIS

M. L. KHATRI, N. K. MATHUR AND G. KALLA

Summary

An analytical data of 26 cases of Donovanosis is reported. Jodhpur seems to be a pocket of Donovanosis in Rajasthan.

Donovanosis is endemic in India, in Tamilnadu, Andhra Pradesh and Orissa; only few cases have been reported from North India and none from Rajasthan¹,². In the past six months there has been an abrupt rise in the incidence of Donovanosis at our center; and nearly 30 cases were seen during this period. Their details are reported here.

Material and Method

30 cases of Donovanosis were seen in the Department of Skin and V. D., M. G. Hospital, Jodhpur, from January to June, 1975. Proper follow-up was possible in 26 cases only. Diagnosis was made on clinical examination and was confirmed by demonstration of Donovan bodies in the tissue smears, stained with Giemsa stain. 3 patients refused investigation. VDRL was done in all cases.

Observations

Prevalence

Out of 11,980 patients, attending Skin and V. D. out-door, 127 (1.05%) were suffering from Venereal Diseases. This included 30 (23.6%) cases of Donovanosis. Compared to earlier

Department of Dermatology and Venereology, S. N. Medical College, Jodhpur.

Received for publication on 16-8-1975

reported incidence (Table -1), the present reported incidence is significantly high.

TABLE 1
Year distribution

Year	Total No. of cases	Total No. of V.D. Cases	Cases of Dono- vanosis
1973	26349	178	1
1974	26721	148	6
1975 (Six months)	11980	127	30

Age and Sex distribution

25 patients were male and one was female. Youngest patient was 15 years old and oldest 45 years old (details in Table No. 2). Majority of our cases were in the age group between 16 - 30 years.

TABLE 2

Age group in years	Male	Female	Total	Per- centage
11 — 15	1		1	3.84
16 20	11	1	12	45,15
21 — 30	9		9	34.61
31 — 40	3	_	3	11.53
41 — 50	1		1	3,84

Marital Status

50% were married while the remaining were unmarried.

Professional Status

9 patients were government servants (majority of them were from armed forces), 4 were agriculturists, 4 businessmen, 4 students, 2 labourers, 2 unemployed and one housewife.

Contacts

- (a) Place 12 contacts were local (Jodhpur), 5 were at Bombay, 2 at Delhi, and one each at Indore, Nagpur, Gwalior, Kanpur, Alwar and Surat.
 - (b) Sex Male 1; Female 25.
 - (c) Professionals 17.
- (d) Friends and casual acquaintances 7.
 - (e) Married partner 1.

One patient did not give any history of extramarital contact. His wife could not be examined.

Incubation period and Duration

Minimum incubation period noticed was 2 days and maximum 45 days. In one case it could not be evaluated because patient did not have any extramarital contact. Minimum duration of disease was 5 days at the time of examination and maximum 75 days. (Table No. 3).

TABLE 3

Duration in Days.	Incubation Period	Duration of Disease No. of Patients.		
Dura in D	No. of Patients.			
1 — 7	13	3		
8 — 14	3	3		
15 — 21	6	10		
22 — 28	1	2		
29 — 60	2	6		
61 — 90	Nil	2		

Clinical Examination

(a) Sites - In all cases lesions were metastatic lesion found on genitalia only. 13 patients streptomycin⁴, had lesions on the inner side of prepuce any of our cases.

only, 5 on corona glandis only, 2 only on glans, 2 on prepuce as well as corona glandis, 1 on glans and prepuce, 1 on glans and intrameatal, 1 only intrameatal. The only female patient had lesions on labia minora. Number of lesions ranged from 1 to 5 and size ranged from $\frac{1}{2}$ to 2 centimeters. In two cases pseudobuboes were present. No metastatic lesions were found in any case.

(b) Association of other Venereal Diseases – In three cases VDRL was positive. There were no clinical manifestations of Syphilis. All had history of venereal contact and had adequate treatment earlier.

Response to Treatment

All patients were given injection Streptomycin 1 gram b.d. for 10 days. All of them tolerated it well, one patient discontinued the treatment. 23 patients were completely cured with 20 gms, while two patients needed 26 gms; These two cases had longer duration of disease and large lesions.

Discussion

A high incidence of Donovanosis was seen among 127 cases of Venereal disease in our clinic. In a report² from Delhi in 1973, only 2 cases of Donovanosis were reported out of 1000 cases of V. D. It is difficult to comment on this gross difference in the incidence when climatic conditions of Delhi and our part are nearly the same (Temp -Jan - May 69 - 95°F, Relative Humidity 40 - 30% in Jodhpur; Temp 60 -95°F, Relative humidity 50 - 40% in Delhi). It is possible that Donovanosis is endemic in Jodhpur district as majority of contacts (12) were local. All the 26 cases had lesions on the genitalia only and none had extragenital or metastatic lesions⁸,⁴. Resistance to streptomycin⁴,⁵ was not met with in

INDIAN JOURNAL OF DERMATOLOGY, VENEREOLOGY AND LEPROLOGY

REFERENCES

- Sowmini CN, Nair GM and Vasantha MN: Climatic influence on the prevalence of Donovanosis in India, Indian J Derm Vener, 37: 111, 1971.
- Bhargava NC, Singh OP and Lal N: Analytical study of 1000 cases of venereal diseases, Indian J Derm Vener, 41:70, 1975.
- Edicott JN, Kirkconnell WS and Tampa Fla D B: Granuloma inguinale of orbit with bony involvement, Arch Autolaryn, 96: 457, 1972.
- Bedi BMS and Arunthathi S: Study of Donavonosis, Indian J Derm Vener, 38: 221, 1972.
- Ramchander M, Koteshwar Rao S, Sarala Devi M, et al: Granuloma Venereum treated with Reverin, Indian J Derm Vener, 35: 25 1969.

REQUEST

Editorial office requests all members and subscribers to check their mailing address pasted on the envelopes. If the address is not accompained with Pin code number please furnish the same for prompt delivery.