DISTRIBUTION OF BLOOD GROUPS AMONG SYPHILITIC ABU DHABIANS IN THE UNITED ARAB EMIRATES

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Summary

ABO and Rh blood groups among 54 syphilitics were determined. A significantly increased incidence of syphilis in persons with blood groups B and AB was observed; significant decrease in those having groups A and O. A significant decrease in the incidence of syphilis was also observed in Rh negative subjects. These results suggest a possible relationship between the inheritance of blood groups and the natural defence mechanism against syphilis.

Introduction |

With the discovery of blood groups and the great advance established in its study, many workers have tried to find out a possible relationship between the distribution of these groups and the incidence of various diseases. Early, a strong correlation between neoplasms and blood groups was reported by Alexandre¹, Johansen², Aird et al³, McConnell et al4 and Helmbold⁵. The relationship between peptic ulceration and blood groups as a significant association was reported by Wallace, Aird et al7 and Clarke et al8,9. Race and Songer 10 reported a relationship between blood group A and pernicious anaemia as well as between this blood group and diabetes mellitus. emias of pregnancy were found to be more common in women with blood

In the field of Dermatology and Venereology, possible association between blood groups and different diseases have been also sought. included a relation between lichen planus and blood group A, between pemphigus and seborrhoeic dermatitis, and blood group B and between vitiligo and blood group AB (Clendenning and Boyer¹².) A strong evidence of a relationship between xeroderma pigmentosum and blood group O was reported by El-Hefnawi et al13. As regards venereal diseases, it has been reported that there is increased risk of gonococcal infection in subjects with blood group B (Foster and Labrum¹⁴.)

The concept that natural immunity against syphilis does exist, is based on several observations. Thus, the species variation towards infection by syphilis is well known (Gueft and Rosahhen¹⁵, Turner and Hollander¹⁶, Schell et al¹⁷.) In an epidemiological study, Von Worssowetz¹⁸ observed that about 50% of contacts to primary and secondary syphilis did not become infected.

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group O (Pike and Dickins¹¹) than other blood groups.

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Generally, it is possible that a genetic link exists between the inheritance of blood groups and that of the natural defence mechanisms against certain infections.

This work was planned to study the possible existence of such a link in patients with syphilitic infection.

Material and Methods

Fifty four patients (53 males and 1 female) having syphilis and of local nationality served as the material for this study. They were collected from Abu Dhabi hospitals in the years 1978 and 1979. Their ages ranged between 13 and 50 years. The diagnosis was based on clinical, bacteriological and serological examinations. The group consisted of 36 patients with primary lesions and 18 with secondary lessions.

The control group was obtained from a previous work done on normal subjects of the same nationality by Kamel et al¹⁹.

The ABO blood groups and Rh typing were determined by the tube and slide methods of Dacie and Lewis²⁰.

Results

Tables 1 and 2 summarize the data on distribution of ABO and Rh blood groups among controls and patients respectively. Comparison between the proportions given by the control group and those given by the syphilities was done by calculating the value of Z according to the equation described by Sarhan et al²¹.

The comparison has shown that there is a susceptibility to syphilitic infection in subejets with blood groups B and AB and a decreased susceptibility to syphilitic infection in subjects with blood groups A and O. A decreased susceptibility of Rh negative subjects to syphilitic infection was also observed. All these findings were statistically significant at 1% level (P < 0.01).

TABLE 1
Distribution of ABO Blood groups among controls and patients

Group -	Control		Patients	
	No.	%	No.	%
A	208	33.34	14	25.93
В	86	13 78	17	31.48
AB	12	1.92	2	3,70
0	318	50.96	21	38.89
Total	624	100	54	100

TABLE 2
Distribution of Rh Groups among controls and patients

C	Con	trol	Patients	
Group	No.	%	No.	07
Rh positive	577	42.47	52	96.3
Rh negative	47	7.53	2	3.7
Total	624	100	54	100

TABLE 3

Difference in the distribution of blood groups among syphilities in relation to normal controls

Group	Value of Z	Significance	Nature of Change
A	3.5	Significant at 0.01	Decrease
В	11.06	Significant at 0.01	Increase
AB	13.39	Significant at 0.01	Increase
0	5.40	Significant at 0.01	Decrease
Rh -ve	19.15	Significant at 0.01	Decrease

Discussion

The results obtained through this study show clearly that subjects with blood groups B and AB are more susceptible to syphilitic infection than those with other groups. On the other hand, subjects who are Rh negative show decreased susceptibility to syphilitic infection.

These results point to a possible genetic link between the inheritance of blood groups and the natural defence mechanism against infection. Clarke²² had suggested that the level

of natural antibodies in man might be different in various ABO types. It may be assumed that our A and O genotyped persons have the highest degree of such natural defence against syphilis and the B and AB genotyped persons have the lowest. Thus, blood groups inheritance may be associated with the inheritance of certain immunological features which are characteristic in a particular subject. It can be inferred that the high resistance against syphilis found in A and O grouped subjects is inherited with their ABO pattern and the reverse is true regarding subjects with blood groups B and AB.

The association between B and AB blood groups as indicating increased susceptibility to syphilis is important as they are inherited on one and the same principle. AB grouped person must have one of his parents with B agglutinogen in red blood cells.

The greater resistance of Rh negative subjects against syphilitic infection was similar to observed data in the case of other infections. E1-Shiemy et al²³ observed that leprosy is not found in Rh negative subjects on the basis of a study on 396 patients with leprosy. In the field of oncology, McConnel et al⁴ found a decreased incidence of lung carcinoma among Rh negative subjects. These observations might mean that the Rh negative subjects are more resistant to certain pathological conditions despite the hazards they meet with in infancy.

From this study, it is concluded that exposure to treponema pallidum is not the only factor deciding the occurrence of syphilis. Subjective factors also play a role. Inheritance of blood groups and consequent inheritance of certain immunological features are among the important factors incriminated in this respect.

References

- Alexander W: An inquiry into the distribution of blood groups in patients suffering from malignant diseases, Brit J Exp Path, 1921; 2:66.
- Johansen EW: Classment de subjects affects de tumeurs malignes selon les isoagglutinines de leur sang. Comptes Rendus Societe, 1925; 92: 112.
- Aird I, Bentall HH and Roberts JA: Relationship between cancer stomach and the ABO blood groups, BMJ 1953; 1:799
- Mc Connell RB, Clarke CA & Downton F: Blood groups in carcinoma of the lung, BMJ 1954; 2: 323.
- Helmbold W: Ueber den Zusammenhang Zeischen ABO blut gruppen und weiblishem Genital carcinom 7th Congr Int Soc Blood Transf, Rome 1958; p 34.
- Wallace J: Blood groups and diseases, BMJ, 1954; 2: 534.
- Aird I, Bentall HH, Mehigan JA and Roberts JA: The blood groups in relation to peptic ulceration and carcinoma of the colon, rectum, breast and bronchus BMJ 1954; 2: 135.
- Clarke CA, Edwards JW, Haddoch DRW, Howel-Evans AW, and McConnell RB: ABO blood groups and secretor character in duodenal ulcer, BMJ 1956; 4:725.
- Clarke CA, Howel-Evans AW, McConnell RB, and Sheppard C: Secretion of blood group antigens and peptic ulcer BMJ 1959; 7: 605.
- Race RR and Songer R: Blood groups in man. 4th Ed, Blackwell Scientific Publications, Oxford, 1962.
- Pike LA and Dickins AM: ABO blood groups and toxaemia of pregnancy BMJ 1954; 2: 221.
- 12. Clendenning WE, and Boyer JT: The skin and the hematopoietic system, in Dermatology in general medicine, Mc Graw-Hill Company, 197i
- El-Hefnawi H, Smith SM and Penrose LS: Xeroderma pigmentosum: its inheritance and relationship to the ABO blood group system, Ann Human Genet 1965; 28: 273.

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- 14. Foster MT and Labrum AH: Relation of infection with neisseria gonorrhae to ABO blood groups, J Infectious Diseases, 1976; 133: 329.
- Gueft B and Rosahen PD: Experimental mouse syphilis, a critical review of the literature, Am J Syphilol Gon Vener Dis, 1948; 32 - 59.
- Turner TB and Hollander DH: Biology of treponematosis, Geneva, Switzerland WHO, 1957.
- Schell RF, Jacobson K & Schwethelm P: New evidence for non-infectivity of treponema pallidum for mice, BJ Vener Dis-1975; 51: 19.
- Von Worssowetz AJ: Cited on Cannefax GR, Norins LC and Giffespie EJ: Immunology of syphilis, Annual Rev Med, 1967; 18: 471.

- Kamel K, Chandy R, Mousa H and Younis D: Blood groups and types, haemoglobin variants and G6PD deficiency among Abu Dhabians in the United Arab Emirates, Am J Physic Anthropology, in press 1979.
- Dacie JV and Lewis SM: Practical haematology 5th Ed J & A Churchil Ltd London, 1975.
- Sarhan EA, El Shabrawi M & El Kashlan KM: Introduction to statistical methods in medicine and public health, University Book House, Cairo, 1969; p 120.
- 22. Clarke CA: Genetics for the clinician 2nd Ed F A Davis Co., Philadelphia, 1964.
- El Shiemy S, Sallam TH, Abdel Azim A, El Mazny H and Abdalla MA: Blood groups among Egyptian leprotics, Castillania in press, 1976.