

THREE YEARS EXPERIENCE OF SEXUALLY TRANSMITTED DISEASE IN THAR DESERT OF RAJASTHAN

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ABSTRACT

Study of pattern of STD was done in Jodhpur for past 3 years, from Aug 97-july 2000. Case records of 2086 patients of sexually transmitted disease were analyzed.

STD was seen in about 1.10% of the patients attending the Skin & STD out patients Department. Syphilis was the most common STD followed by balanoposthitis, warts And Molluscum contagiosum. Most cases were young between 15 to 35 years of age group constituting around 80% of total STD.

INTRODUCTION

STD's are prevalent in India. The pattern of STD differs from country to country and state-to-state. In our country there are only a few studies have been done which could tell about the incidence and prevalence of

STD's. In this area of western Rajasthan no previous study has been done. This study is done at Skin & VD dept. of MDM hospital, Jodhpur that is the largest hospital in Western Rajasthan, it covers a large population of Thar Desert. Jodhpur alias suncity emerging as the handi-craft city in these years So a large number of peoples mostly from eastern India come here for employment.

PATIENTS MATERIAL AND METHODS

We analyzed data from the case record of patients who attended the clinic in last 3 yr, (From aug.97 -July 2000); Most of the patients came voluntarily although a small number of patients were referred by general practitioners.

The patient's records were thoroughly scrutinized for signs, symptoms & personnel history. A complete history, personal and sexual history were recorded. Relevant investigation results were seen to establish the correct diagnosis of the patients.

More emphasis was given to the sexual behavior of the patients and mode of acquisition of the disease. The diagnosis of Herpes, lympho granuloma venerum, Condylomata acuminata, Molluscum contagiosum etc. were done by their characteristic history and typical Clinical pattern.

Table 1 – Showing the incidence of STDs

Duration	Total OPD patients	No. of STD patients	% of STD patients
Aug. 97-July 1998	60492	594	0.98
Aug. 98-July 1999	66956	668	0.99
Aug. 98 – July 2000	61519	824	1.34
Total	188967	2086	1.10

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Table 2 – Change in the Incidence of patients attending the clinic between Aug. 1999 – July 2000

Disease	Aug 1997 – July 1998				Aug 1998 – July 1999				Aug 1999 – July 2000			
	M	F	T	%	M	F	T	%	M	F	T	%
Syphilis	64	39	103	17.34	54	28	82	12.27	57	22	79	9.59
Sec. syphilis	34	22	56	9.43	39	32	71	10.62	44	17	61	7.40
Chancroid	27	8	35	5.89	27	08	35	5.24	34	12	46	5.58
Her. Genitalis	34	13	47	7.91	45	16	61	9.13	48	16	64	7.77
Gonorrhoea	31	10	41	6.90	42	06	48	7.18	61	07	68	8.25
NGU	19	19	38	6.4	28	04	32	4.79	43	20	63	7.65
Vag. Candidiasis	54	-	54	9.09	71	-	71	10.62	113	-	113	13.71
Gen. Warts	25	9	34	5.72	43	6	49	7.34	94	00	94	11.41
Moll. Con.	29	21	50	8.41	39	13	52	7.78	60	17	77	9.34
Other minor STDs	66	46	112	18.86	82	51	133	19.91	94	30	124	15.09
Donovanosis	05	01	6	1.0	6	00	6	0.90	09	02	11	1.33
Total	388	206	594	100	476	192	668	100	657	167	824	100

Table 3 – Incidence of patients attending the clinic between Aug 1997 – July 2000

Diagnosis	Male	%	Female	%	Total	
Syphilis	175	11.64	89	15.81	264	12.77
Sec. syphilis	117	7.78	71	12.61	188	9.1
Chancroid	88	5.85	26	4.62	114	5.51
Her. Genitalis	127	8.44	45	7.99	172	8.32
Gonorrhoea	134	8.91	23	4.09	157	7.6
NGU	90	5.98	43	7.64	113	5.47
Vag. Candidiasis	00	0	70	12.43	70	3.38
BP (Balano Posthitis)	238	15.82	00	0	238	11.51
Gen. Warts	162	10.77	15	2.66	177	8.56
Moll. Con.	128	8.51	51	9.06	179	8.66
Other minor STDs	225	14.96	127	22.56	353	17.03
Donovanosis	20	1.33	3	0.53	23	1.11
Total	1504		563		2067	

Table 4 – Age & Sex Distribution of the Patients

Age group	% males	% females
Less than 15 Years	5.3	7.4
15 – 25 Years	52.4	50.8
25 – 35 Years	29.8	31.6
More than 35 years	14.5	10.2

Table 5 – Source of infection

Mode	Married		Unmarried	
	M	F	M	F
Spouse	3.3%	45.5%	-	-
Casual contact	13.7%	5.6%	11.5%	14.4%
Contact with sex worker	57.2%	2.3%	61.2%	19.3%
Girl/Boy friend	7.5%	14.7%	15.1%	29.6
No answer	18.3%	31.9%	12.2%	36.7%

RESULTS-;

A total of 188967 patients came in skin & STD OPD, among which 2086(1.1%) patients were suffering from STD. The % gradually rising from 0.98% in 97-98 to 1.34% in 99-2000. Total 1504 male and 563 patients were female. The male to female ratio was around 2.7:1. Percentage of Syphilis, non gonococcal urethritis & minor STDs was more in female, rest all diseases were more common in male. As far as the age of the patients were concerned most of the patients were from the young age group: 15-25(52.4male & 50.8% female) almost 80% of the patients were between age group of 15-35 the most sexually active age group. A youngest patient of our study was of 4 year old girl and the oldest was of 77 year old male suffering from chancroid.

Contact with commercial sex worker was the commonest mode of acquiring infection in the male patients in unmarried as well as married about 1/3 of the married as well as unmarried women gave no answer as how they acquire the infection probably due to the social stigma of the STD's SYPHILIS-Among the major STD, syphilis was the commonest of all in male with an incidence of 452(21.78%) of all STD cases. The male incidence was 292(19.42%)& female incidence was 160(28.42%).

There was a gradual decrease in the % of total incidence (17.34 to 9.59%) There was no case of tertiary or latent syphilis seen in this duration.

GONORRHEA-Ranked second in major STD's 157 (7.67%) of total patients in which 134(8.9%) were male and 23(4.09%) were female patients, there is a gradual increase in incidence from 41(6.9%) in 97-98 to 68(8.25%) in 99-2000.

CHANCROID-Chancroid was 3rd most common 114(5.51%), males, 85 (5.85%), and female were 26 (4.62%) male to female ratio was 1.27:1 There is again an increase from 37 cases in 97-98 to 46 cases in 99-2000. But the % were almost same during these 3 yrs.

DONOVANOSIS -was among least common STD's, and only 23(1.61%) cases seen (1.61%) in this duration. But the incidence was rising from 6(1%) to 11(1.33%).

BALANOPOSTHITIS-A total of 238 patients were diagnosed as having balanoposthitis among which 117 patients were monilial, 70 were bacterial 22 were mixed, 7 due to irritant reaction and rest were miscellaneous large number of the monilial balanoposthitis patients were ultimately diagnosed as Diabetics. The incidence of disease increases remarkably from 57 (9.09%) cases in 97-98 to 113 (13.71%) cases in 99-2000

OTHER STDs-

Viral diseases such as genital herpes and molluscum contagiosum consisted of a fair number of cases. Viral warts were found in 177(8.56 %), male 162(10.77) and female 15 (2.66). Molluscum cont. was in 179 (8.66%) in which male were 128(8.5%) and female 51(9.06%). Other minor STD's formed a large group, total patients in this group were 352 (17.03%), in which male were 225 (14.96%) and female 127(22.56%). This group constituted by Trichomoniasis, Pediculosis, Scabies etc. Only those cases, which were clearly of venereal in origin, were included in this study.

DISCUSSION-

STD's are very common in India but there are only a few centers where facilities for diagnosis and treatments are satisfactory. The number of STD patients among total patients risen from .98% in 97-98 to 1.34% in 99-2000 may be due to changing life-style, public awareness and betterment in laboratory facilities. Male to female ratio was 2.7:1; the ratio was more in Calcutta as reported by Ghosh. We have found syphilis the most common of all STD's (21.78%); followed by the incidences of gonorrhea and Chancroid, similar to the finding of Madurai. This shows consistent prevalence of syphilis in India. Contrary to the finding of 3/4 the Spain³ and Zimbabwe^{*}, in which syphilis was not so common in comparison to Chancroid and gonorrhea, which were the commonest in major STD's in those studies. Cases of tertiary /congenital syphilis were not seen in this duration, as shown by Vellou et al in his study. 5 (.9% to 17 % of the total patients in VD clinic.) This was undoubtedly due to increasing health care facilities here and frequent uses of antibiotic for other problems. Most of the secondary Syphilis patients came for their dermatological problems and ultimately diagnosed as syphilis.

Gonorrhoea was not so common this may be because the treatment of gonorrhoea is very simple and most of time their general practitioners give it, and only cases with some complication /resistance or recurrence reported to us.

Genital herpes was very common and the diagnosis almost entirely made by their clinical symptoms. This high incidence may be due to recurrences of the disease and thus reporting of the cases again and again by the patients. Viral diseases such as Herpes and Molluscum Contagiosum were the most common infection associated with other STD's.

Prostitution plays an important role in spread of STD's, but the number was more in relation to study done elsewhere. Many aspects of our socioeconomic structure plays an important role in it. Among the patients, a large number of patients were of truck drivers, who runs on long routes and remain far from their homes for long periods. One another group affected was the labors working here with handicraft industry who were again the people migrated from their villages and working here alone. Homosexuality was found in a good number of cases about 8-12% of male pt had homosexual practice. This was same as it found in the study done by Ganguly.

In a country like India control of STD poses a great problem. What is necessary is a well-designed fully equipped, fully staffed STD clinic, which should have excess to a modern and efficient laboratory, and more peripheral clinics should be set up which could refer difficult cases and send specimen for Pathological test to central clinic. One more dangerous thing should be pointed out here that general practitioner and quacks many times gives wrong or inadequate treatment which suppresses clinical symptoms but disease remain as such for long time, which is again harmful as we saw, increased incidence of secondary Syphilis.

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