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A ONE YEAR CROSS-SECTIONAL CLINICOEPIDEMIOLOGICAL STUDY OF SEXUALLY TRANSMITTED INFECTIONS (STIs) IN MARATHWADA REGION.

Dermatology

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ABSTRACT

Background: Knowledge about the patterns of STIs in different geographical regions is necessary for evolving proper strategies for its control. If not managed properly they can promote HIV transmission.

Aim: To study the pattern of STIs in patients attending Skin and VD clinic at MGM hospital, Aurangabad, Maharashtra.

Materials and Methods: A Cross-sectional study was conducted between January 2017 to January 2018 to study the pattern of STI. Diseases were diagnosed on clinical basis and HIV, HBsAg, VDRL was done.

Results: Out of 100 patients attending STI clinic,75 were males and 25 were females. STIs were high among married individuals. 48% of them showed genital molluscum, 32% showed genital herpes, 18% showed genital warts, least was chancroid and syphilis i.e. 1% each.

Conclusion: Viral STIs were the most common among all STIs. The persistent recurrent nature of viral infections is responsible for their increase trend in the current STI scenario.

KEYWORDS

Sexually transmitted infections (STIs),Viral STIs, HIV.

Introduction:

Sexually transmitted infections (STIs) constitute a major health problem in both developing and developed countries. STIs are constellation of infections and syndromes that are epidemiologically heterogenous but all of which are almost always or at least often transmitted sexually[1].They show various trends in different parts of the country. The major burden of STIs is that there are chances of transmission of HIV which are controlled after making proper diagnosis and managed appropriately. Ulcerative and non-ulcerative STIs are commonly responsible for this transmission.[2] A proper understanding of the patterns of STIs presenting in different geographic regions of a country is necessary for proper planning and implementation of STD control strategies. With this background the present study was undertaken.

Materials and Methods:

A clinicoepidemiological study of STIs was conducted on patients attending Skin OPD at MGM hospital, Aurangabad. Total 100 cases of STI were evaluated from January 2017 to January 2018. Out of which 75 were males and 25 were females. Individuals who were willing to take part in study were included. Data was collected using questionnaire from preformed proforma. It included demographic information like age, profession, progression of lesion, marital status, sexual orientation, clinical details i.e. complaints at the time of presentation, details of exposure history, treatment history, etc.

Diagnosis was made on the basis of clinical history, examination and lab investigation. Serological tests like HIV(by ELISA-Enzyme Linked Immunosorbent assay), VDRL-Venereal Disease Research Laboratory and HBsAg was done after taking consent. Treatment was provided to the patient as per NACO guidelines.

Results:

The sample size was 100, Out of which 75 were male and 25 were female patients.

Three patients(3%) were in age group of <20 years, 18(18%) were in age group of 20-24 years, 63(63%) were in age group of 25-44 years, 12(12%) were in age group of 44-60 years and four(4%) were in age group of >60 years. The youngest patient was 17 years old and the oldest was 72 years old.

STIs are common in married males compared to married females. [Table no.1]

Amongst all male patients, 15(20%) were farmer, 12(16%) were unemployed, 11(14.6%) were driver by occupation and remaining were self employed.

Amongst all female patients, 60% were housewives.

Amongst all patients,96 patients gave history of heterosexual contact, history of homosexual contact in one patient and also history of bisexual contact in one patient. Two patients denied history of any kind of exposure.

11(11%) patients were tobacco addicted and 10(10%) patients were alcohol addicted.

Among the study group, 48% were associated with genital molluscum, 32% were associated with genital herpes, 18% were associated with genital warts and syphilis and chancroid constituted 1% each. [Table no.2]

VDRL positivity was seen in two(2%) patients of total STI cases. One(1%) patient was HBsAg positive and none of them were HIV reactive.

Table no.1: Proportion of married people having STIs

	Married	
	Males	Females
<20	0	2
20-24	1	2
25-44	45	14
45-60	09	02
>60	03	01

Table no.2: Pattern of STIs

STIs	Males	Females	Total
Genital molluscum	32	16	48
Genital Herpes	20	12	32
Genital warts	9	9	18
Syphilis	1	0	1
Chancroid	1	0	1
Donovanosis	0	0	0
LGV	0	0	0

Discussion:

The present scenario shows a gradual decline in overall new STI cases, a common observation in various health facilities which could be

attributed to better diagnostic and new facilities by active NACO intervention.

In our study males(75%) outnumbered the female(25%) [ratio (3:1)]. This pattern is seen in other studies of Nair TV and Mohanty J et al.[3,4] The average age group for both males and females was 21-30 years. This could be because age group of 21-30 years is most sexually active. A similar pattern was reported in other studies.[4,5,6] More males indulge in extra marital sexual relations, which may explain the higher prevalence in males.

In our study married population was 79% as compared with 77.2% in VVora et al. studies. 46.3% in Saikia et al[7], 47% in Kumarasamy et al.[8], 50% in Jain et.al.[9] STIs been higher in married individuals further suggest importance of making proper contact, counselling and management of partners.

In our study heterosexual contact is most common(96%) which is consistent with Devi et.al study 89.6%[10] and Narayanan's study.[11]

In our study, genital molluscum(48%) was most common STIs followed by genital herpes(32%), genital wart(18%), which is showing that increasing viral infections in STIs which is reported in many other studies done in India.[10,12,13]

Among all patients, 2% patients were VDRL positive and 1% was HbsAg positive but none were found to be HIV positive.

There is increasing trend of viral STIs with reduction in those of bacterial infection probably due to higher and better antibiotics, empirical treatment provided by general practitioners. The recurrent and unremitting symptoms of viral STIs prompt these patients to report to higher centre for treatment and voluntary testing to rule out HIV disease.

Compared to the past, there is decrease in number of patients of STIs attending the hospital. The more availability of facilities for treatment of STIs at peripheral centre, emphasis on syndromic approach, awareness of HIV, popularization of condoms for preventing HIV and other STIs are some of the factors likely to have reduced the occurrence of STIs.

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