SEXUALLY TRANSMITTED DISEASES IN GYNAECOLOGICAL PRACTICE

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SUMMARY

Vaginal discharge is a very common day to day problem in Gynaecological practice. A study performed on 3388 patients revealed that 1590 patients (46.93%) suffered from vaginal discharge. Out of 1590 vaginal discharge patients 1070 patients were diagnosed to have STDs. The most common cause of vaginal infection was Gardnerella Vaginalis (24.90%) followed by candida (18.86%), Trichomonas vaginalis (11.32%), Neisseria gonorrhoeae (8.93%) and Treponema pallidum (3.27%). The importance of diagnosis and treatment of STDs in Gynaecological practice has been discussed.

Introduction

Sexually Transmitted Diseases represents one of the major health problems in the world. With development of increasing interest in these diseases and improved methods of diagnosis has come awareness of the graving consequences of STDs in areas of health and society which extends beyond the traditional spehere of Venereology. The major impact of newer STDs has been noted on maternal and infant morbidity and on human reproduction and on human reproduction and infertitity.

Materials and Methods

The present study was undertaken in collaboration with the departments of Gynae. Obstetrics, Dermatology and STD and Pathology of SMS Medical College and attached hospitals, at Jaipur. A total of three thousand three hundred and eighty eight (3388) patients attending Gynae. Out Patient Department were screened for having any sexually transmitted disease. Patients coming with the complaint of vaginal discharge were subjected to further study. A detailed history was recorded, the rough clinical examinations were performed and relevant investigations were done viz. a urethral, cervical and vaginal smear taken and stained by gram staining and papinicolous staining technique, pH of vaginal discharge noted, a wet film prepared by mixing the vaginal discharge with a drop of normal saline, and whiff test was performed by adding potassium hydroxide (10%) to vaginal secretions taken on a glass slide. VDRL test was also done of all patients.

Observations

In the present series of 3388 patients a significant number (1590) i.e. 46.93% of female suffered from vaginal discharge.

From: SMS Medical College, Jaipur.
Accepted for publication on 20-10-87.

As depicted in first 3 tables the largest number of patients belonged to Hindu community (64.15%—Table I) and were in the age groups of 21 to 30 years (51.01%—Table II) majority of patients had more than one child (43.71%—Table III).

TABLE I
Religion

Caste	No. of patients	%
Hindu	1020	64.15
Muslim	528	33.20
Others	42	2.65
Total	1590	

TABLE II
Age Groups

Age in years	No. of patients	%
<20	96	6.11
21-30	812	57.01
31-40	495	31.13
41-50	117	7.35
>50	70	4.40
Total	1590	

TABLE III
Parity

No. of child	No. of patients	%
No child	162	10.18
One	272	17.13
More than one	695	43.71
Abortions	140	8.80
Abortions with living child	321	20.18
Total	1590	

Out of 1590 patients of vaginal discharge, 67.29% (1070) were diagnosed having STDs and rest of the population had some other cause of the discharge such as cervicitis, atrophic vaginitis and normal but excessive disharge. Investigations for different kind of organisms revealed that the most common cause of vaginal infection was Gardnerella vaginalis (24.90%) followed by candida (18.86%). Trichomonas vaginalis (11.32%), Neisseria Gonorrhoeae (8.93%) and Treponema pallidum (3.27%).

TABLE IV
Causes of Vaginal Discharge Due to Sexually Transmissable Agents

Organism	No. of patients	%
Gardnerella vaginalis	396	24.90
Candidiasis	300	18.86
Trichomoniasis	180	11.32
N. Gonococci	142	8.93
T. Pallidum	52	3.27
Total	1070	67.29

TABLE V
Non STD Causes of Vaginal Discharge

Condition	No. of patients	%
Excess but otherwise normal	220	13.83
Cervicitis	260	16.35
Atrophic vaginitis	40	2.5

Venereology today includes not only five diseases namely Syphilis, Gonorrhoea, Chancroid, L.G.V. and Granuloma Inguinale but also a significant number of other diseases which might be considered as "Newer generations of STD's". The prevalence of STDs in any community is an index of moral outlook and practice, socioeconomic status, presence of efficient machinery for early diagnosis, availability of treatment facilities and mass awareness of preventive measures. Most of the genital tract infections coming to Gynaecologists are sexually transmitted so it is of equal interest to both gynaecologists and venereologists.

The reported incidences of STDs are undoubtedly under estimates, the reason being just like an 'iceberg' most of STD cases remain hidden, unnotified and unrecorded. Most of them seek treatment at private clinics, take self medication or are treated in the hands of quacks. A good number of cases do not seek treatment due to fear of guilt or because they are asymptomatic (mainly female patients). Under such circumstances it is difficult to get exact statistics of STDs and what soever is available is only the very small tip of a large iceberg.

Treatment is cheap if these diseases are diagnosed early, whereas late sequale of untreated diseases are expensive and cost increases further with the development in Medical technology, such as fallopian tube microsurgery, *in vitro* fertilization and transplantation of human embryo can now be performed at greater expenses. But if a good control programme, for STD, exists, most cases of pelvic inflammatory diseases are preventable which otherwise could have caused female infertility.

There are several complimentary ways in which STDs can be controlled and one of the most important way is through the provision of adequate diagnostic and treatment facilities in the department of Gynec. and Obstetrics by establishing a regular STD clinic. The aims of such a service are to offer early diagnosis and treatment, minimise the incidence of complications, trace and treat the infected partners and educate patients, the public, health care workers and of course last but not the least the Doctors.