TOXOPLASMA Ig M TITRES IN WOMEN WITH B,O,H.

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SUMMARY

Of 682 consecutive B.O.H. referrals for Toxoplasma Ig M estimation, only 21 women were found positive. This incidence of 2.9% compares favourably with Western figures despite the greater prevalence of factors which might cause a higher rate of toxoplasma gondii infection in our own country.

Introduction

Toxoplasma gondii infection has been incriminated as one of the causes of a bad obstetric history (BOH), and sero-conversion of a pregnant woman has been considered one of the reasons for medical termination of that pregnancy.

In view of the expenditure involved, it is necessary to determine the frequency of Ig M positivity amongst Indian BOH cases. Consequently, we analyse our data at Bombay, on a populace of different areas and customs.

Material and Method

682 women aged 18 - 36 years had a BOH suggesting the need to exclude toxoplasmosis.

Each serum sample was run in duplicate for Toxoplasma Ig G and Ig M antibodies, using kits of both BioMerieux as well as of LABSYS-TEMS, each of which is based on two different principles or parameters: this is as advised by prudent Western investigators.

Results and Discussion

In the present series (Table I), an abnormal

TABLE I

Age (Years)	BOH Patients				
	Total	Ig M positive	%	Ig G Titres i.u./ml	
18-36	682	21	2.9	100-1600	
(Mean: 28y)				(Mean: 456.5)	

St. Elizabeth Hospital Laboratory. Accepted for Publication on 9/10/90. Ig M result was, in each instance, accompanied by a specific Ig G titre greater than the normal of

4 i.u./ml. This implies that the women had recently been infected, and were forming antibodies at the time of the investigation.

However, it does not specify exactly when the infection occurred, since the period over which Ig M antibodies persist, is still not determined. Literature cites more than two years in some cases and refers to the condition as "Residual Ig M"; its pathogenicity for the fetus is not known.

Unfortunately, none of our Ig M positives had been tested earlier, nor did they return for a subsequent follow-up; consequently, the ques-

tions posed by Westerners, remain unanswered despite our high fertility rate.

The incidence of 2.9% positivity for Ig M compares favourably with the Western figures of 1.2% to 2.5%. But a higher incidence might have been expected in our populace which is exposed to a greater extent to conditions which cause toxoplasma gondii infection. It would certainly be interesting to delve deeper in this problem, especially since cysts may lie dormant in the uterine wall for an indefinite period of time and be re-activated at an opportune phase, such as a pregnancy.

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untributed 30 levels elition remained stable or room slightly, so that the m tiltree increased from 233 lavini to 272 lavini. There results therefore imply