

RESPONSE OF TOXOPLASMA Ig G ANTIBODIES TO THERAPY

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SUMMARY

A total of 76 women with a bad obstetric history and an abnormal Toxoplasma IgG antibody level (> 4 i.u./ml), were re-evaluated at varying periods for a total of 1-18 months, either with or without specific treatment. 47 treated women's titres declined from 548 i.u./ml (mean) to 189 i.u./ml (mean). The untreated 29 levels either remained stable or rose slightly, so that the mean titres increased from 223 i.u./ml to 272 i.u./ml. These results therefore imply the beneficial influence of therapy on the IgG antibodies of *Toxoplasma gondii*.

Introduction

Dafo's data (1988) on maternal toxoplasma caused McCabe (1988) to state that "the time has come" for U.S.A. to make it mandatory to test for Toxoplasmosis every three months at antenatal clinics, as is being done in European countries, and to treat suitably the positive cases. Consequently, it is pertinent to analyse the current trends in our own country.

Material and Method

Seventy-six women between the ages of 18-35 years (mean 26y), with a bad past Obstetric history and having abnormal (> 4 i.u./ml.) IgG Toxoplasma antibody titres, were repeatedly evaluated over a period of 1-18 months, either

with (n=47) or without (n=29) treatment composed of pyrimethamine plus sulfadiazine or trisulfapyrimidine.

Each serum sample was tested by two independent methods using kits of Bio Merieux and LABSYSTEMS, as advised by prudent workers abroad.

Results and Discussions

Results detailed in Table I indicate the beneficial influence of therapy on Toxoplasma IgG antibodies in the peripheral blood. No clinical or haematological adverse reactions were noted. Nineteen women treated during pregnancy delivered full term babies who were declared to be normal at birth.

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TABLE I
Toxoplasma IgG titres before and after treatment

Group	Treated (47)	Untreated (29)
Initial IgG i.u./ml(mean)	10-3200 (548)	20-800 (223)
Final IgG i.u./ml(mean)	0-1600 (189)	20-1600 (272)

However, a decline in the antibody titres was never observed with only 3-4 months of treatment: longer courses were required to produce a change in blood levels.

Certainly, it would be interesting to evaluate these women during a subsequent pregnancy, to determine if cysts lying dormant in the uterine wall become re-activated, and again result in elevated serum titres of antibodies. Of far greater importance, however, would be to have a long term follow-up of these children,

because Western literature has cited disease - related retinal changes as late as the second decade of life in the progeny of untreated mothers, although the neonate was declared normal at birth.

Bibliography

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