

Pattern of sexually transmitted infections at a tertiary care center of Western India: A 12-years retrospective study

Sir,

Sexually transmitted infections (STIs) are responsible for a significant proportion of infertility in both sex, morbidity, economic loss to the family, and increased susceptibility to HIV infection. A study of prevalence of STIs is important to know about their incidence at a particular place and to plan and implement appropriate control strategies.^[1] The present study was conducted to determine the pattern of STIs at a tertiary care center of Ahmedabad Gujarat in Western India.

All the data of patients who attended the STI clinic of a tertiary care hospital in Ahmedabad, Gujarat, from April 2007 to March 2019 were included in this study. Detailed history, clinical examination, relevant laboratory investigations, and the diagnosis were reviewed. STIs were categorized into different syndromes as depicted by the National AIDS Control Organization in the syndromic management of STIs.^[2]

A total of 10,899 patients attended the STI clinic of our tertiary care hospital from April 2007 to March 2019, of which 9036 (83%) were diagnosed to have some STI. Out of these, 33.4% were males and 66.6% were females with male-to-female ratio being 1:1.9 [Figure 1]. The

majority of the patients (81.19%) belonged to the age group of 18–45 years followed by >45 years (16.19%) and <18 years (2.62%) [Figure 2]. The most common STI during the study period was cervical/vaginal discharge and there was no patient with anorectal discharge and painful scrotal swelling [Figure 3]. Cervical/vaginal discharge was the most common STI (54.17%), followed by herpes genitalis (12.15%), urethral discharge (11.96%), other STIs including scabies and pediculosis pubis (10.24%), genital warts and molluscum (5.09%), lower abdominal pain (LAP) (2.8%), serologically positive for syphilis (2.08%), nonherpetic genital ulcer disease (1.48%), and inguinal bubo (0.03%). There were no patients of anorectal discharge or painful scrotal swelling. Eighty-five percent (85%) of patients had a history of exposure outside marriage and 37% of patients had a history of exposure with multiple partners. Partner notifications were done in 29% of cases, and partner management was done in 5.7% of cases.

STIs have a tremendous impact on public health. They are responsible for significant proportion of infertility in both sex, morbidity, economic loss to the family, and increased susceptibility to HIV infection. STIs are also a major contributor to abortions, fetal deaths, and the delivery of low birth weight babies.^[3] In the present study, most of the patients (81.19%) who were diagnosed to have some STIs were in the age group of 18–45 years. This is the sexually active group and is at a high risk of being behaviorally more vulnerable to STI acquisition, as they generally tend to have a higher number of sexual partners and more concurrent partnerships. Furthermore, they may change partners more often than older age groups.^[4] In our study, females (87.5%) outnumbered the males (12.5%), this might be due to increased referral to the STI clinic from gynecological outpatient departments. The overall most common STI in our study was cervical/vaginal discharge

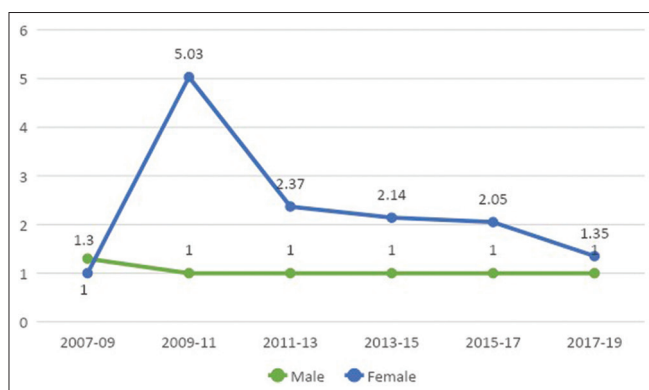


Figure 1: Trend of male:female ratio over the course of the study

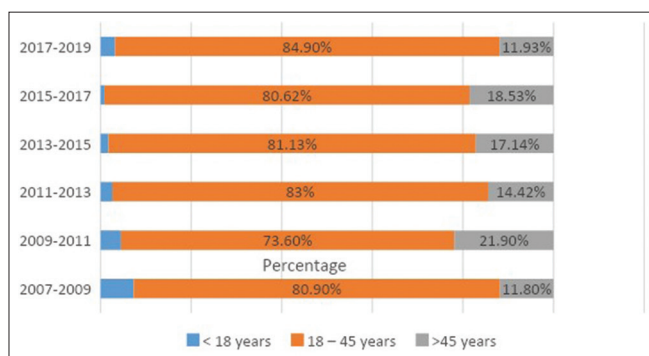


Figure 2: Trend of age distribution over the course of the study

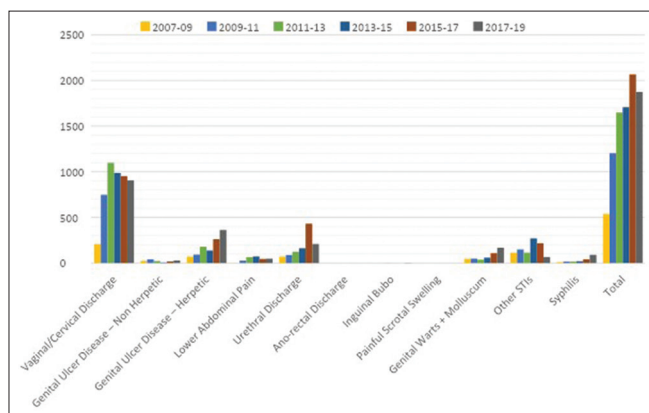


Figure 3: Trend in sexually transmitted infections over the years

(80.4%), followed by balanoposthitis (33.3%), LAP (17.1%), scabies (4.2%), herpes genitalis (3.7%), urethral discharge (1.9%), genital warts (0.98%), chancroid (0.61%), molluscum contagiosum (0.6%), syphilis (0.12%), and inguinal bubo (0.12%). Only 2.08% of patients were tested positive for RPR. There is quite a variation in the prevalence of HIV positivity in various studies, ranging from 1.63% to 9.62%.^[2-4] In the present study, <1% (60) of the patients were newly detected HIV positive.

To conclude, there is an immense need to create the awareness regarding the STIs and the risk of

HIV transmission. Furthermore, there is an urgent need to dispel the myths and the social stigma attached with the STIs so that patients can receive proper care and hence decrease the spread of STIs.

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Conflicts of interest

There are no conflicts of interest.

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