

## Profile of Reproductive Tract Infections among Attendees of Reproductive Tract Infection/Sexually Transmitted Infection Clinic in a Tertiary Care Institute of Ahmedabad, Gujarat

Sir,

According to the World Health Organization estimates, more than 1 million sexually transmitted infections (STIs) are acquired every day among which chlamydia, gonorrhea, syphilis, and trichomoniasis contribute to the majority of STIs.<sup>[1]</sup> Community-based studies quote reproductive tract infection/STI (RTI/STI) prevalence of 28.3%–43.9%,<sup>[2–5]</sup> while 30–35 million new cases of RTI/STI are estimated every year.<sup>[6]</sup> This study was undertaken to see trends in RTI over a period of 4 years (2012–2016) in RTI/STI clinic of Sola Civil Hospital and referral patterns of patients from various departments of Sola Civil Hospital to RTI/STI clinic.

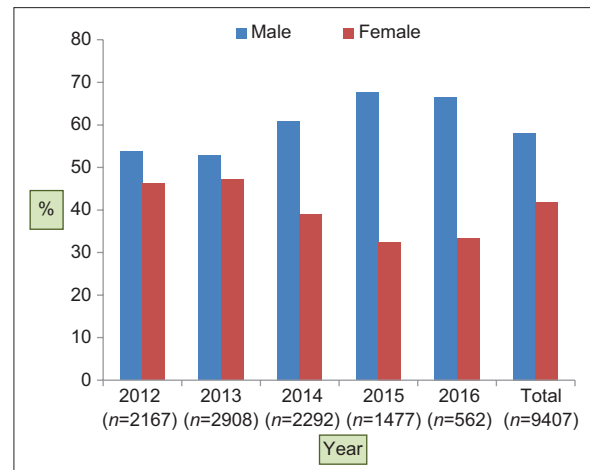
Secondary data of patients attending RTI/STI clinic in Sola Civil Hospital from registers in RTI/STI clinic for 4 years (2012–2016) were obtained after acquiring due permission from Gujarat State AIDS Control Society. RTI/STI clinic register after 2012 was maintained by the current STI counselor, while prior to 2012, was maintained by another counselor, which was not amenable to correction of data errors and hence not included in the study. Register with data of patients from January 2012 to March 31, 2016 was available and was analyzed. Data of 1<sup>st</sup> quarter of 2016 were analyzed separately. The current STI register in use was having data since April 1, 2016 and was not available for data entry.

A total of 9406 patients had sought treatment from RTI/STI clinic of Sola Civil Hospital from January 2012 to March 2016. A higher proportion of males (58.1%) sought treatment from STI clinic. The proportion of male patients increased from 53.7% in 2012 to 67.6% in 2015, while the overall patients seeking care at STI declined from 2908 in 2013 to 1477 in 2015 [Figure 1]. Overall male to female ratio in our study was 1.4:1 which is lower than Choudhry *et al.* (2:1).<sup>[7]</sup>

Sola Civil Hospital is located in Ahmedabad city, and hence majority of patients were from the urban area (86.9%), i.e., Ahmedabad city and the rest from rural areas.

Majority of patients were in the age group of 20–29 years followed by 30–39 years and 40–49 years together contributing to 80% of the total patient load at RTI/STI clinic which is comparable to Bhilwar *et al.*<sup>[5]</sup> and Choudhry *et al.*<sup>[7]</sup> The youngest patient was 1-year-old child, and eldest was 85-year-old female.

Majority of patients were categorized as having asymptomatic syphilis (24.7%) followed by lower abdominal pain (16%),



**Figure 1:** Year and sex wise distribution of patients attending reproductive tract infection/sexually transmitted infection clinic

other RTI (11.1%), genital molluscum (10%), anorectal discharge (ARD) (7.8%), vaginal/cervical discharge (7.3%), genital ulcer disease-non-herpetic (GUD-NH) (6.5%), GUD-Herpetic (GUD-H) (6.2%), and other syndrome in descending frequency [Table 1]. These findings are comparable to other community-based studies.<sup>[2–5]</sup> ARD (7.8%), genital pediculosis (4.4%), and painful scrotal swelling (3.5%) patients were treated in STI clinic of our institute while they were not reported in other studies. No particulars regarding RTI/STI syndrome of 1112 (1029 + 83 blank) patients seeking care at RTI/STI clinic was available.

Majority of patients were referred from the department of dermatology (44.1%) and obstetrics and gynecology (23%) with few patients referred from integrated counseling and testing centers (10.8%), referral by spouse (9.4%), and other departments of hospital.

Asymptomatic syphilis, lower abdominal pain, and genital molluscum were top three most common RTI in RTI clinic of Sola Civil Hospital. Syndromic approach is effective in treating these patients. Adult males are majority of beneficiaries to utilize the services of RTI/STI clinic. Health education for personal hygiene and safer sexual practices can reduce the burden of RTI/STI among adults.

Secondary data from RTI/STI clinic register are amenable to errors in data entry which in present circumstance could not be rectified (1112 entries were ineligible).

**Table 1: Distribution of reproductive tract infection/sexually transmitted infections patients according to National AIDS Control Organization sexually transmitted infections syndromic case management chart**

Serial number	STI syndrome	2012	2013	2014	2015	2016	Grand total (%)
1	VCD	174	186	207	85	28	680 (7.3)
2	GUD-NH	129	143	164	130	41	607 (6.5)
3	GUD-H	81	159	235	77	31	583 (6.2)
4	LAP	496	406	314	205	68	1489 (16)
5	UD	6	22	24	6	2	60 (0.6)
6	ARD	135	201	205	133	56	730 (7.8)
7	IB	0	1	0	0	0	1 (0)
8	PSS	1	63	139	84	36	323 (3.5)
9	Genital warts (individuals with anal or genital warts)	27	89	87	44	8	255 (2.7)
10	Genital scabies		4	40	14	15	73 (0.7)
11	Genital pediculosis	61	145	96	74	36	412 (4.4)
12	Genital molluscum	251	444	133	60	41	929 (10)
13	Asymptomatic (serological syphilis)	643	355	568	342	129	2037 (24.7)
14	PT	1	2	7	3	0	13 (0.1)
15	Other (specify)	88	649	63	165	64	1029 (11.1)
16	Blank	20	37	4	21	1	83 (0.9)
Grand total		2113	2906	2286	1443	556	9304

STI: Sexually transmitted infections, VCD: Vaginal/cervical discharge, GUD-NH: Genital ulcer disease-nonherpetic, GUD-H: Genital ulcer disease-herpetic, LAP: Lower abdominal pain, UD: Urethral discharge, ARD: Ano-rectal discharge, IB: Inguinal bubo, PSS: Painful scrotal swelling, PT: Presumptive treatment

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Nil.

### Conflicts of interest

There are no conflicts of interest.

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