

Socio Demographic Study of Gonorrhoea and Syphilis in Two Medical College Hospital and Two Private Chamber in Bangladesh.

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Abstract :

A total 300 (three hundred) Gonorrhoea and Syphilis patients were studied in two Medical College Hospital (OPD) and two private Chamber to find out their Socio Demographic Characteristics.

The patients were between 10 to 60 years of age and among them 250 were male and 50 were female. In this study found that the younger age group and unmarried persons are more prevalent. Regarding occupation, service holders are affected more and regarding their socioeconomic condition low and high income group population are also affected more.

Introduction

Treponema pallidum is the microaerophilic spirochete that causes syphilis, a chronic systemic venereal disease with multiple clinical presentation (i.e. the great imitator). Syphilis is characterized by episodes of active disease (primary, secondary, tertiary stages) interrupted by period of latency^{1,2,3,4}. Figure 1 shows clinical presentation of a primary syphilis patient.



Fig 1: Primary syphilis with a firm, non tender chancre.

Gonorrhoea is a purulent inflammation of the mucous membrane surfaces caused by a sexually transmitted

microorganism, *Neisseria gonorrhoeae*. Virtually any mucous membrane can be infected^{5,6}. Figure 2 shows clinical presentation of urethral discharge of a Gonorrhoea patient.



Fig 2: Urethral discharge of a Gonorrhoea

Gonococcal infections following sexual and perinatal transmission are a major source of morbidity worldwide. In the developed world where prophylaxis for neonatal eye infection is standard, the vast majority of infections follow genitourinary mucosal exposure. More serious clinical syndromes may follow, with ascending involvement of the reproductive tract or systemic spread^{7,8,9}. Infection is due to *N. Gonorrhoea*, a highly infectious gram-negative diplococcal organism⁶.

Internationally syphilis, remains prevalent in many developing countries and in some areas of North America, Asia and Europe, especially eastern Europe^{10,11}.

In some regions of Russia, Such as Tyva and Khakassia in Siberia more than 1% of the population has syphilis. Primary complications of syphilis in adults include neuro syphilis, cardiovascular syphilis and gumma^{10,11}.

Death resulting from syphilis continues to occur. One study found that of 113 recorded deaths resulting from sexually transmitted diseases, 105 were caused by syphilis with cardiovascular and neurosyphilis accounting for the majority of the deaths^{12,13}.

The exchange of antibiotic resistance genes has led to extremely high levels of resistance to beta lactum antibiotic over the last two decades. More recently fluoroquinolone resistance also has been documented on multiple continents^{7,14,15}.

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Materials & Methods

A well planned pretested questionnaire was made to get necessary information from the patients. From January 2001 to December 31, 2004. Three Hundred patients from OPD and private chamber were studied to see their age, sex, marital status, level of education, occupation, and economic condition.

After diagnosis of the cases by clinical examination and Laboratory investigation, they are divided into several income group like very poor, poor, middle class and rich. According to monthly income of family in taka the patient are categorized into very poor, poor, middle class and rich as (2000/- very poor between 2-5 thousand poor, 5-10 thousand middle class, above 10,000/- rich respectively. Regarding demography only two components considered here like level of education and marital status.

Results

Table 1 one shows out of 300 patients, 200 (66.66%) were in the age group 16-25 years, 40 (13.34%) were in 36-45 year, 30 (10%) were above 45 years, 28 (9.34%) were in 26-35 years and only 02 (0.66%) were in the age group of 10-15 years.

Table-1: Age and sex distribution of the patients:

Age Group in years	Number of patients		Total
	Male (%)	Female (%)	
10-15 Years	2 (66%)	0%	02 (0.66%)
16-25 Years	150 (50%)	50 (16.66%)	200 (66.66%)
26-35 Years	28 (9.34%)	0 (0%)	28 (9.34%)
36-45 Years	40 (13.34%)	0 (0%)	40 (13.34%)
Above 45 Years	30 (10%)	0 (0%)	30 (10%)
Total	250 (83.34%)	50 (16.66%)	300

Table 2 shows regarding level of education 100 (33.33%) patients completed secondary, 50 (16.67%) high school another 50 (16.67%) Primary School and 75 (25%) Patients had a degree and above education. Only 25 (8.33%) had no literacy. 175 (58.33%) were unmarried and 125 (41.67%) married (Table 3).

Table-2: Distribution of patient by level of education (LOE)

LOE	Number	%
Illiterate	25	8.33
Primary	50	16.67
Secondary	100	33.33
High School	50	16.67
Degree and Above	75	25.00
Total	300	100%

Table-3: Distribution of patients by marital status

Marital status	Number of patient	%
Unmarried	175	58.33
Married	125	41.67
Total	300	100%

Table 4 shows half of the patients (50%) were of poor status, 100 (33.33%) rich and the rest 50 (16.67%) patients fell in the middle class.

Table-4: Distribution of patients by economic status

Economic status	Number of patient	%
Poor	150	50
Middle class	50	16.67
Rich	100	33.33
Total	300	100%

Table 5 shows nearly half (46.67%) of the patient were service holder, one third (33.33%) were small traders and the rest were student, and day labourers.

Table-5: Distribution of patients by occupation.

Occupation	Number of patients	%
Service	140	46.67
Student	35	11.67
Day Laborers	25	8.33
Traders	100	33.33
Total	300	100 %

Discussion

This is a descriptive type of epidemiological study, carried out in the outpatient dept. of two medical college hospitals and two private chambers of Dhaka city during the period of January 2001 to 31, December 2004. A Total of 300 patients of syphilis and Gonorrhoea were studied to see their socio demographic characteristics.

Syphilis and Gonorrhoea are mostly (66.66%) prevalent among the youngs (16-25 years) and less (9.34%) among the patients of age group 26-35 years. Exceptionally only two patients were found amongst the age group 10-15 years. Findings are consistent with Engelkens HJ¹⁶, Wicher¹⁷ & Da Ros CT¹⁸.

The patients having secondary level of education are more in number and least among the illiterate (8.33%). One fourth of the patients (25%) had degree and above level of education. So Education is not only the factor in causation of the diseases.

Unmarried patients were more (58.33%) than the married (41.67%). Half (50%) of the patients were of poor socioeconomic status and of middle class has the least number of patients. Highest number (46.67%) of patients are service holder and the students are least in number of the affected patients.

This study concludes that the sexually transmitted diseases are found more amongst the younger age group, service holders, unmarried and low & high income group of people. The results found in this study are consistent with the previous studies. It recommends further study to know the altered scenario if any, with the change of culture and socioeconomic stratification.

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