

## SYMPOSIUM : SEXUALLY TRANSMITTED DISEASES

### EDITORIAL



Sexually transmitted diseases (STDs) are a group of infections transmitted through sexual contact. The history of sexually transmitted diseases is as old as the history of mankind itself. Sexually transmitted diseases represent a major communicable disease problem and increasing public health issue on a global scale. The extent of their morbidity is now known to range from uncomplicated local genital

infections to the lethal consequences of AIDS. Between the extreme lies their significant impact on pregnancy outcome for mother and newborn, neonatal and infant infections, infertility in both sexes, urethral stricture in males, blindness in infants and adults due to gonococcal infection, and genital malignancies, particularly cancer of the cervix uteri and penile cancer. A variety of bacteria, viruses, chlamydia, fungi/protozoa and arthropods can give rise to sexually transmitted diseases, many of which produce genital lesions. The common sexually transmitted diseases of bacterial origin are syphilis, chancroid, granuloma inguinale, gonorrhoea, of chlamydial origin are lymphogranuloma venereum, non-gonococcal urethritis and viral origin are herpes genitalis, genital warts. Acquired immune deficiency syndrome with concomitant opportunistic infections is most recent condition to be spread sexually. Genital ulceration and perhaps other sexually transmitted diseases facilitate the sexual transmissions of HIV infection.

The prevalence and clinical profile varies especially in developing countries like India where syphilis, chancroid and donovanosis are prevalent. Recently there is a change that bacterial sexually transmitted diseases are becoming less and viral STDs are increasing in number. The range of diseases spread by sexual activity continue to increase. For this reason STDs need to be suspected and investigated in many patients who present with what might at first look like a clinical problem such as vaginal discharge, urethral discharge, genital ulceration. Many STDs will show that patient may present with other symptoms such as rash, dysuria, jaundice, arthralgia, rectal discharge. Additionally, several STDs may present initially with complications such as abdominal pain, scrotal pain/urinary retention, swelling in inguinal regions. Since they may affect any system in the body they should not be regarded solely as diseases of genitals.

The explanation for the increase in sexually transmitted diseases

is multifactorial. The age of sexual maturity has decreased, the age at which people have sexual intercourse for the first time is lower, and more people have premarital sexual intercourse than previously. Also, the increasing use of oral contraceptive pill and intra uterine devices has removed protective effect of barrier technique, such as sheath. Due to increase in mobility of national and international level certain groups (tourist, professional, travelers, member of armed forces, immigrants) are at risk. Prostitutions is still an important factor in the transmission of STDs.

It is now well recognized that control of STDs requires the highly coordinated and collaborative efforts of many health care personnel, including physicians, microbiologist, epidemiologist, nurses as well as those with responsibility for health education. Successful programs must be multifaceted and tailored to the need of targeted group and occur all levels of prevention.

Efforts should be made to reduce the number of individuals who acquire a STD. Primary prevention includes encouraging adolescent to delay the initiation of sexual intercourse, fostering healthy sexual decision-making including the use of barrier method and vaccine. Secondary prevention focuses on the management of current infections and prevention of partner and neonate transmission. Tertiary prevention is focused on preventing medical and psychological sequelae. Prompt diagnosis and early effective treatment are cheap than the treatment of late sequelae of untreated disease, that will reduce the chances of transmission of the infection to another individual and medical sequelae. Microbiological and serological techniques are essential initially and follow up of all patients to differentiate between the various diseases, excluding more than one occurring at a time and identify the asymptomatic disease. Syndromic approach that offers prompt and effective treatment is the preferable option for the management of syndromic patients. This will provide the treatment for the majority of curable diagnosis of a particular syndrome and also reduce the chances of HIV infection transmission. Thus, STD control programmes should be strengthened, which will not only reduce the incidence of sexually transmitted diseases and their complications, and sequelae but will also decrease the spread of HIV.

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