

## DISCUSSION

The male preponderance in our study is similar to the findings of the other studies<sup>(3,4,5,6)</sup>. The low attendance of the female patients in the STD clinic reflects the socio cultural barriers, greater attendance in the gynecological clinics, treatment from untrained personnel (dais and quacks) and asymptomatic nature of majority of the STIs in women. Most of the women in our study were young and married without any history of extramarital contact indicating an early acquisition of the various STIs through marital contact contrary to their male counterparts where extramarital exposure is the source of infection<sup>9</sup>.

There is a great variation in results of different studies conducted in different parts of the country. A clinico epidemiological study<sup>9</sup> from an Urban STD clinic of a tertiary care hospital in Delhi, showed candidiasis in 14.8% as the commonest followed by syphilis, herpes genitalis, condyloma acuminata and trichomoniasis respectively with HIV sero prevalence of 2.07% in females. On the other hand, our study recorded a higher incidence of H.genitalis and C. acuminata in comparison to the other studies. The rising incidence of the viral STDs could be due to protection against the bacterial STDs through condoms and their effective control with antibiotics. Resurgence of HIV can also partially account for the same. Vulvovaginal candidiasis was also common in our study. Besides being sexually transmissible a number of other factors namely-broad spectrum antibiotics, intrauterine devices, oral contraceptives and poor hygiene of the genitals can be held responsible for its high incidence. The high incidence of vulvovaginal candidiasis in our study is in conformity with the study by Mehta et al<sup>10</sup>.

Amongst the bacterial STDs, syphilis was observed to be the most common by us which was in accordance with another hospital based study<sup>9</sup> from Delhi. HIV seropositivity was 1.8%. The male to female ratio of HIV seropositivity in another study<sup>9</sup> was 5.05:1. The

sexually transmitted infections associated with HIV were H. genitalis and syphilis.

## CONCLUSION

The results obtained in our study confirmed the rising trends of the viral STIs namely the genital herpes and Condyloma acuminata. Vulvovaginal candidiasis is a common cause of vaginal discharge in women. Syphilis continues to be the commonest bacterial STI in women. Chancroid and gonorrhoea are declining. Thus we conclude that the dynamic profile of the STIs as evidenced in various studies at different periods of time, reinforces the need to carry out similar surveys in future especially in women. Special strategies are required to be formulated to improve the attendance of women in the clinics. Further married women constitute a high risk group for STIs.

## REFERENCES

1. World Health Organization Global Programme on AIDS management of Sexually Transmitted Diseases WHO/GPA/TEM/94/Geneva : 1994.
2. Geebase AC, Rowley JT, Meeters TE. Global Epidemiology of Sexually Transmitted Diseases. Lancet 1998; 351 (Suppl III) 2-4.
3. Vora NS, Dave JN, Mukhopadhyay AK et al. A profile of Sexually Transmitted Diseases at APEX ESI Hospital, Ahmedabad, Indian J Sex Transm Dis. 1994; 15 : 36-38.
4. Choudhary SD, Bhatia KK, Bansal RK et al. Pattern of Sexually Transmitted Diseases in Rohtak Indian J Sex Transm Dis 1998; 19 : 4-7.
5. Khanna N, Pandhi RK, Lakhanpal S. Changing trends in Sexually Transmitted Diseases. A hospital based Study from Delhi. Indian J Sex Transm Dis 1996; 17 : 79-81.
6. Aggarwal K, Jain VK, Brahma D. Trends of STDs at Rohtak. Indian J Sex Transm Dis 2002; 23 : 19-21.
7. Arora SK, Sharma RC, Sardari Lal. Pattern of Sexually Transmitted Diseases at Smt. Sucheta Kriplani Hospital, Nee Delhi. Ind. J of Sexually Transmitted Dis, 1984 ;5:5-7.
8. Kumar B, Handa S, Malhotra S. Changing trends in Sexually Transmitted Diseases in Chandigarh. Ind J Sex trans Dis 1995; 16:24-27.
9. Khandpur S, Aggarwal S, Kumar S, Sharma VK, Reddy BSN. Clinico epidemiological profile & HIV sero positivity of STD patients Indian J Sex Transm Dis. 2001; 22:2, 62-65.
10. Mehta Swami D, Jaswal R, Bedi GK, Kanwar AJ. Pattern of Sexually T ransmitted Diseases in a new Northern Indian Hospital. Ind J Sex trans Dis, 1998 ; 19 (2) 109-111

### ETHICAL GUIDELINES FOR BIOMEDICAL RESEARCH

The need for uniform ethical guidelines for research on human subjects is universally recognised. It has acquired a new sense of urgency as the critical issues in the area of biogenetic research involving human subjects have become acute. Apart from the mandatory clinical trials on new drugs, a number of diagnostic procedures, therapeutic interventions and prevention measures including the use of vaccines, are being introduced which involve human subjects. Further the advent of new medical devices and radio-active materials and therapeutic benefits of recombinant DNA products have added a new dimension to the ethical issues that need to be considered before evaluating these for their efficacy, utility and safety.

Any research using the human beings as subjects shall bear in

mind the following principles of : (i) essentiality, (ii) voluntariness, informed consent, (iii) non exploitation, (iv) privacy and confidentiality, (v) precaution and risk minimisation, (vi) professional competence, (vii) accountability & transparency, (viii) maximisation of public interest and distributive justice (ix) institutional arrangements (x) public domain (xi) totality of responsibility and (xii) compliance.

Recent advances in the field of Assisted Reproductive technologies, organ transplantation, Human genome analysis and gene therapy promise unquestionable benefits to mankind. At the same time, they raise many questions of law and ethics, stimulating public interest and concern.

(Source : ICMR Publication 2000)

## Letter of Appreciation

Dear Col. CM

*I was reading JIMSA. I find it excellently edited as per requirements of the subject. Interventional radiology, per se, a pride and irrevocable contributions of radiologists in medical care. Prior to this contribution, in practice, the radiologists were seen as technocrat colleague of the team only. I was in Karolinska, Mecca of medical sciences in 1979 on WHO fellowship and had interactions with some of the pioneers the subject. Any way, you deserve all the acclaim and congratulations for highlighting this subject.*

Thanking you

With Best Compliments

**Dr.P.L.Nawalkha**

SR.Radiologist M.D. (AIIMS) 1964

## Correspondence

**CONGRATULATIONS TO COL. (DR.) CHANDER MOHAN FOR EXCELLENT PERFORMANCE AS GUEST EDITOR OF JIMSA JAN-MARCH 2007 ISSUE**

*Editor JIMSA*