

An analysis of consultation cases in sexually transmitted diseases to the Department of Dermatology, General Hospital, Kota Bharu, Kelantan.

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Introduction:

KOTA BHARU is the capital of the State of Kelantan, which is sited North East of Peninsular Malaysia adjacent to South Thailand. The easy accessibility to the popular tourist spot in South Thailand plus the obscurity of movements and sexual habits of tourists and visitors raises the very strong possibility of the presence of an iceberg of sexually transmitted illness in this part of the world.

The objective of this analysis is to indicate the poor surveillance on sexually transmitted illness.

While dermatology is still at its infancy of development, venereology as an organised speciality is yet to be born in this part of the world. At the moment two or three practising venereologists exist in isolation. The majority of sexually transmitted diseases are seen by the private doctors.

Methods and Materials:

Information was collected on standard cards without divulging the identity of the patient. A consultation case was defined as a new case with the disease referred to the Department of Dermatology during the specified period, 1st February, 1976 - 31st July, 1976.

New cases notified in the State of Kelantan for the same period by government and private doctors were also noted down.

All cases recorded usually had a history of exposure, Clinical diagnosis was confirmed by direct microscopy, serology and histopathology whenever necessary.

Comment:

Altogether 30 cases were referred to the Department of Dermatology during the specified period. As shown in Table I these were problems in diagnosis, failure to respond to treatment, allergy to penicillin and suspected cases of syphilis picked up by routine serology. The latter can be a problem because of recrudescence of yaws and also presence of diseases, which can produce the same serological picture.

Table I

Nature of Consultation Cases

Type of Consultations	Number of cases
1. Problems in Diagnosis	14
2. Allergy to penicillin	2
3. Failure to respond to treatment	10 + problems in diagnosis
4. Suspected cases - detected by routine serology	4
TOTAL:	30

I hasten to add that the referrals are an extremely small number and hence do not reflect the true pattern of diseases in this State of Kelantan. However certain conclusions can be made.

The rate of misdiagnosis is very high and therapy for most of these ailments is blunderbust. It is not uncommon for patients to be treated without any clinical examination. Further, doctors are poorly equipped with diagnostic facilities.

Failure to respond is usually the result of either inappropriate or inadequate treatment.

Table II shows that syphilis is still a problem in this part of the world and as in Singapore it appears to be on the increase. The existing medico-legal phobia to penicillin plus the inadequate dosage regimes can increase the incidence of syphilis and gonorrhoea.

Table II

Cases of sexually transmitted diseases recorded at the Skin Department from 1.2.1976 – 31.7.1976

Aetiological Classification	
Diseases	Number of cases
Gonorrhoea	10
Early syphilis	8
Genital viral warts	4
Herpes progenitalis	4
Scabies	1
Non-specific uretheritis	1
Total:	<u>30</u>

Genital viral warts and herpes progenitalis are not uncommon. Scabies can occur in epidemic proportions in our setting though only one was recorded in my survey.

The diagnosis of non-specific uretheritis is by the exclusion of all the other possible differential diagnosis. The single case of NSU responded to two courses of vibramycin, each course lasting for two weeks.

The two cases of chancroid were diagnosed by histopathology and responded to one month course of tetracyclines.

Table III shows the number of cases notified by doctors in the State of Kelantan during the same period. The low figures may be due to under-reporting by the local doctors. This is expected because of the social stigma against venereal disease is still strong.

Table III

Cases of sexually transmitted diseases recorded in the State of Kelantan from 1.2.1976 – 31.7.1976

Aetiological Classification	
Diseases	Number of cases
Gonorrhoea	95
Syphilis	20
Total:	<u>115</u>
Total population of Kelantan approx.	850,000
Total number of doctors in Kelantan approx.	100

Table IV gives a breakdown of the 30 cases in age, sex, occupation, marital status, residence and possible source of infection.

The disease rate appears to be higher in the younger age groups. The group aged 20 – 24 years as in other populations appears to be particularly at risk.

Prostitutes comprise of a heterogenous group, difficult to define because definition depends partly on the attitudes and tolerance of the society concerned. Traffic of traditional prostitution to and fro from the town of Golok in South Thailand appears to be the main source of infection. The local females usually contact the disease from their regular partners.

The jet age taps unexpected sources of infection such as the case from Singapore and another from Kuala Lumpur.

Like in all other countries, the cities harbour the big majority of the cases. In the State of Kelantan the city harbouring the majority of cases is Kota Bharu.

Conclusion:

There seems to be an iceberg of sexually transmitted ailments in the State of Kelantan. There is an urgent need to determine the size of this infective pool and steps be taken to reduce its size.

However the following preliminary measures need to be taken before launching an effective STD-control programme in the State (Table V).

There is a need to educate doctors and hospital staff before exposing the community to a control programme. Clinical acumen must be supplemented by adequate laboratory facilities. The pool

Table IV

Breakdown of figures in terms of age, sex, occupation, marital status, residence and source of infection

No.	Age	Sex	Occupation	Marital Status	Residence	Source of infection
1.	28 yrs.	Female	Teacher	Married	Kota Bharu	Kota Bharu - ? regular partner
2.	31 yrs.	Female	Housewife	Married	Kuala Krai	Kota Bharu - ? regular partner
3.	19 yrs.	Female	Housewife	Married	Kota Bharu	Kota Bharu - ? regular partner
4.	33 yrs.	Female	Unemployed	Divorced	Kota Bharu	Kota Bharu - ? regular partner
5.	17 yrs.	Female	Housewife	Married	Kota Bharu	Kota Bharu - ? regular partner
6.	45 yrs.	Female	Housewife	Married	Kota Bharu	Kota Bharu - ? regular partner
7.	34 yrs.	Male	Gardener	Married	Tumpat	Golok Prostitute
8.	23 yrs.	Male	Teacher	Bachelor	Tanah Merah	Golok Prostitute
9.	17 yrs.	Male	Student	Bachelor	Kota Bharu	Golok Prostitute
10.	21 yrs.	Male	Mechanic	Bachelor	Kota Bharu	Golok Prostitute
11.	39 yrs.	Male	Clerk	Married	Kuala Krai	Golok Prostitute
12.	21 yrs.	Male	Geologist	Bachelor	Kota Bharu	Singapore Prostitute
13.	32 yrs.	Male	Fireman	Married	Kota Bharu	Golok Prostitute
14.	24 yrs.	Male	Farmer (Felda)	Married	Kota Bharu	Golok Prostitute
15.	22 yrs.	Male	Soldier	Bachelor	Kota Bharu	Kuala Lumpur Prostitute
16.	23 yrs.	Male	Carpenter	Bachelor	Tumpat	Golok Prostitute
17.	32 yrs.	Male	Trishawman	Married	Sabak	Golok Prostitute
18.	23 yrs.	Male	Site Clerk	Bachelor	Jerteh	Golok Prostitute
19.	23 yrs.	Male	Student	Bachelor	Tumpat	Kota Bharu Casual
20.	22 yrs.	Male	Warder	Bachelor	Kota Bharu	Kota Bharu Casual
21.	24 yrs.	Male	Health Inspector	Bachelor	Bachok	Kota Bharu Casual
22.	34 yrs.	Male	Captain	Married	Kota Bharu	Kota Bharu Casual
23.	21 yrs.	Male	Unemployed	Bachelor	Kota Bharu	Kota Bharu Casual
24.	29 yrs.	Male	Clerk	Bachelor	Kota Bharu	Kota Bharu Casual
25.	28 yrs.	Male	Unemployed	Bachelor	Kota Bharu	Golok Prostitute
26.	21 yrs.	Male	Welding Labourer	Bachelor	Kota Bharu	Golok Prostitute
27.	24 yrs.	Male	Aborigine Officer	Bachelor	Kuala Krai	Kuala Krai Casual
28.	25 yrs.	Male	Student	Bachelor	Nilam Puri	Kota Bharu Casual
29.	26 yrs.	Male	Businessman	Married	Kota Bharu	Golok Prostitute
30.	23 yrs.	Male	Clerk	Bachelor	Kota Bharu	Kota Bharu Casual

of asymptomatic carriers cannot be determined without adequate laboratory services and cooperation from the public.

It is important for the government to dispel existing fears about penicillin and doctors must learn to use this drug once again judiciously. There is a need to tell doctors and patients that for treatment to be effective and regular partner or partners must be investigated. The cycle of re-exposure and re-infection should be broken.

Notification by all concerned will continue to be the source of our statistics on venereal infections. Accuracy depends on the cooperation and clinical acumen of doctors.

The easy accessibility and widespread abuse of drugs amongst patients will continue to be a problem as long as there is no control of drug trafficking in the border areas. There is a need to emphasise personal hygiene and to encourage the use of condom as the best forms of prophylaxis available.

Table V

Important factors in the control of sexually transmitted diseases in the State of Kelantan

- Education :** Doctors - undergraduate and postgraduate level, hospital staff, schools and the community.
- Laboratory Facilities :** all hospitals, and main health centres in the State - freely accessible to all doctors - improved services to detect asymptomatic carriers.
- Treatment :** early, effective and efficient with specific antibiotics. Phobia against the use of penicillin be dispelled by the Government. Treatment is always two or more.
- Notification :** cooperation of all doctors by regular notification, also both cooperation of patient and contacts required.
- Prophylaxis :** personal hygiene and the use of condom, chemotherapy - dangerous and of limited value.
- Border Conference :** Golok an important source of infection. Drug - trafficking.
- S.T.D. Control Programme :** to reduce the infective pool.

Lastly there is a need for border conferences and well-balanced STD control programmes to curb venereal diseases. The problems of Kota Bharu and Kelantan cannot be divorced from Golok and South Thailand.

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