Plasma folate in HIV-seropositive patients

Sir,

I read the recent publication on plasma folate in HIV-seropositive patients with great interest. Alani et al. concluded that ‘plasma folate level is a predictor of anemia in early HIV infections.’ Indeed, anemia is common among HIV-seropositive patients and there are many possible causes. In the work by Alani et al., many confounding factors, such as antiretroviral drug therapy and other occult infections, have not been adequately ruled out as the cause of the anemia. In addition, the commonest cause of anemia in any population, iron deficiency, has not been considered. Serum ferritin and iron study should be clarified as well.

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Epidemiological profile of men suffering from sexually transmitted infections in Rural Central India

Sir,

Sexually transmitted infections (STIs) are a major public health problem in both developed and developing countries and are the commonest group of notifiable diseases.[1,2] The curable STIs and their sequelae incur a huge amount of economic burden on the health care system.[3]

Inspite of all preventive measures evolved in the last so many years the prevalence and incidence of STI has increased.[1] Thus it has now become necessary to evolve effective prevention, treatment strategy and comprehensive understanding of prevalent STI.

The study was conducted from September 2009 to August 2010 in Department of Skin and V.D. at MGIMS, Sewagram to find out clinico-epidemiological profile of men suffering from STI in Rural Central India. A total of 380 patients were enrolled in the study. Detailed history, thorough clinical examination, and relevant investigations were done to ensure the diagnosis.

Maximum patients were in the age group from 25−44 years (54.21%). Sixty-three percent were married, and 84% were living with their families. Seventy-one percent men acquired infection heterosexually, 10% homosexually, 10% through bisexual behavior, and in 9% mode of transmission could not be decisively pin-pointed. In 75% of those contracting infection heterosexually, the source was a sex worker. Patients were put into various groups based on the syndromic diagnosis of STI [Table 1]. About 2.36% of the patients were HIV positive.

In rural areas the patients were in elder age group, mostly married, living with their families. This type of study might have an implication in planning prevention of STI in rural set up.

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