SUMMARY
AND
CONCLUSION
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The present study entitled "Prevalence of TORCH and HIV in patients with bad obstetric history" was conducted in the Department Obstetrics and Gynaecology of MLB Medical College Jhansi. Cases were selected from Out Patient Department and ward of Department of Obstetric and Gynecology of MLB Medical College Jhansi.

This study included 150 antenatal cases, 100 women having bad obstetric history including, abortions, preterm delivery, perinatal deaths and congenital anomaly were taken as study group. Control group consisted of 50 antenatal patients with no such history. All the 150 patients were subjected to antibody testing for TORCH by ELISA technique.

Incidence of the TORCH positivity was studied in both the groups with relation to age, parity, socioeconomic status and rural or urban background.

Following conclusion has been drawn from this study :-
1) In the normal antenatal patients (Control group), TORCH positivity was 6%. IgM was positive for 1 case for rubella and Toxo IgG was positive in 2 patients.

2) In the study group, TORCH positivity was 35%. 12 patients were positive for Toxo IgG, 5 patients for Toxo IGM. 7
tested positive for rubella IgM. 5 patients for CMV IgM and 6 patients screened positive for HSV IgM.

3) Maximum TORCH positivity was seen in the age group 24-27 years in both study and control groups. No patients screened positive above 36 years.

4) Maximum patients were third, then fourth gravida in both study and control group. (32% and 38%).

5) Highest number of TORCH positive cases belonged to the lower socio-economic status group in both study (63%) and control group (65%).

6) Higher incidence of TORCH positivity was found in rural area in control group (10%), and study group (38%). This could have been due to lower resistance to infection and unhygienic living conditions.

7) Spectrum of bad obstetric history in the study group consisted of abortions as the worst out come (46%), perinatal deaths (20%) followed by preterm birth at (18%) then IUGR and congenital anomalies at 9% and 7% respectively.

8) Maximum TORCH positivity was present in women with abortions (34.3%), followed by perinatal deaths in 22.8% then IUGR 20%. Lastly preterm birth and congenital anomalies at 14.3% and 8.5% respectively.
9) None of the TORCH positive cases in the study and the control group screened positive for HIV.

TORCH infections are known to cross the placental barrier and invade the foetus in utero. This has been confirmed by various studies in animals and in humans. The isolation of the infective agent from the product of conception is the most reliable method to arrive at the diagnosis of the disease. Although no causative relationship of HIV infection with bad obstetric outcome has yet been established, TORCH series infections however remain as one of the important causes of abnormal pregnancy outcomes.

Among the antenatal population, the presence of TORCH antibodies in their sera is significant. It can thus be concluded, that it is imperative to screen for TORCH infections in women with history of abnormal pregnancies for better perinatal outcomes. Since at present, neither effective vaccines nor revolutive therapies are available against viral infections the main means to fight these infections to transmission to fetus, still remains the prevention of the infections in pregnant women.