SUMMARY
&
CONCLUSION
SUMMARY AND CONCLUSION

Present study was carried out in 100 antenatal patients with bad obstetric history who were either from out patient department on admitted in M.I.B. Medical college jhansi. Infection during pregnancy are much more important which are responsible for

1. Congenital malformations
2. Abortions
3. Still birth
4. Low birth weight
5. Premature birth

Few of the common infections are.

1. Bacterial infection - Tuberculosis Gonorrhoea, chancroid, Syphilis.
2. Viral infection - Cytomegalovirus, Hepatitis B-Virus, HIV and Papilloma V, Herpes virus.
3. Protozoal infection - Toxoplasma Gondii.
5. Fungal infection - Candida, Cryptococcus.

TORCH - TORCH infection are known to cross the placental barrier and affects the foetus inutro this has been, confirmed by various studies in humans.

Several microbial agent including toxoplasma gondii Rubella virus, Cytomegalovirus and Herpes simplex virus and other virus causes symptomatic or asymptomatic
infection in pregnant women. These may result in abortion, intrauterine death, premature delivery, congenital malformations and neonatal disease in the offspring (Stem and Tucker, 1973, Reahmains et al 1983).

CMV infection is the most common antenatal infection and may result from primary maternal infection during the first 2-3 weeks. CMV infection occurs in about 1% of all infants and usually asymptomatic, it is either due to primary infection or reactivation.

HSV infection in the foetus genital HSV infection during pregnancy and delivery may have serious effects such as utero infections, neonatal viraemia and haemorrhage (Miller, DR 1997)

HIV transmission from mother to the foetus may occur during gestation by crossing placenta, during delivery by contact with maternal blood-body fluid and post partum via breast feeding.

Factor influencing perinatal transmission are severity of mother’s illness, timing of mother’s infection, parity, presence of intercurrent infections etc. Women with clinical AIDS or T4 cell counts less than 400 are more likely to transmit infection to their offspring than asymptomatic seropositive women.

On the bases of the result of the present investigation following conclusion are drawn.

1- Study conducted on a group of 100 antenatal patients with Bad obstetric history.
(I) Toxo IgG-9 cases were positive in which

A- Abortion 3(33.3%)
B- premature labour 1(11.1%)
C- Congenital anomalies 1(11.1%)
D- Still birth 1(11.1%)
E- Live birth 3(33.3%)

(II) Toxo IgM 4 cases were positive in which

A- Abortion-2-(50%)
B- Congenital anomalies -1(25%)
C- Still birth 1 (25%)

(III) Rubella IgM Rubella IgM antibody were positive in 8 cases 8% in which

A- Abortion-4 cases (50%)
B- Premature labour 1 case(12.2%)
C- Growth retarded baby 1 case (12.2%)
D- Live birth 1 case (12.2%)
E- Congenital anomaly 1 case(12.2%)

(IV) CMV IgM The Antibody CMV IgM positive was found in 4 cases

(V) Herpes IgM antibody was found in 7 cases.

A- Abortion 4 cases
B- Congenital anomaly 1
C- Premature birth 2
In control group 50 antenatal patients are take without any bad obstetric history 5 cases was positive for TORCH (4 cases for Toxo IgM, 1 Case for rubella IgM)

All TORCH positive cases were investigated for HIV no case was found positive for HIV.

**CORRELATION BETWEEN TOXOPLASMA, RUBELLA AND CYTOMEGALOVIRUS.**

We investigated age related prevalence of these antibodies and found that in different age groups.

(A) Toxoplasma Gondii was found maximum (7 cases) in the age group 26-30 while 3 cases were found in the age group of 31-35.

(B) Rubella virus in 21-25 age group 5 cases.

(C) Cytomegalovirus in 21-25 age group 2 cases.

**CORRELATION BETWEEN TOXOPLASMA AND RUBELLA.**

According to the period of gestation the incidence of TOR seropositivity was found to be:

(1) Less than 12 weeks-7 patients was Toxo positive and 5 cases were rubella positive.

(2) 13-20 weeks-4 cases were positive for Toxoplasma and 2 cases of rubella were positive.

(3) 21-40 weeks - 2 cases showed positive result of Toxoplasma and no case of rubella were found positive.
Correlation between Herpes and Rubella.

In this following correlation were studied

(1) 4 cases of abortion in the rubella IgM positive cases and 4 cases of abortion in HSV ISgM positive cases.

(2) One congenitally malformed baby with rubella and HSV IgM positive cases.

(3) One premature birth in rubella and 2 S premature baby in cases of HSV.

(4) In cases of rubella IgM positive cases one baby was severely growth retarded and one was normal delivery.

Out of TORCH group of intrauterine infection Rubella has a vaccine Herpes and Toxoplasma are curable. CMV is neither preventable nor curable.

Now a day HIV is not curable.