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Among the various causes of bad obstetric history (BOH) infections are gaining much importance now a days. It is well known that toxoplasmosis can cause pregnancy losses in the form of abortion, preterm delivery, still birth and congenital malformation. The present study was carried out to find out incidence of toxoplasmosis in pregnant women with bad obstetric history and to know effect of toxoplasma gondii infection on mother, foetus and obstetrical outcome.

In the present study majority of seropositive cases (37.9%) were in 24-27 years of age range, 32.8% cases belonged to the age group of less than 23 years and no patient was found above the age of 39 years. Soni, I.J.K. et al (1995) reported that seropositivity was more common in age group of 24-30 years. Nagar, P. et al (1995) also suggested that maximum age group infected was between 23-27 years.

Maximum number of seropositive cases were third and fourth gravida. Similar observation was made by Soni, I.J.K. et al (1995).
In our study incidence of toxoplasma seropositivity was 24.4% in study group which was six times more as compared to women of control group where it was 4%. Our findings were similar to the finding of Mehta, S. et al (1995) who found incidence of toxoplasma seropositivity 24% in BCH and 16% in control and Soni, I.J.K. et al (1995) who found incidence of toxoplasmosis to be 27.5% in study group and 5% in control group.

Raux et al (1976) reported that 53% of Ante natal patients have antibodies of toxoplasma in Paris. F. Doffas et al (1985) found 3% incidence of disease in pregnant women, Orrellano, R. et al (1990) studied incidence of toxoplasmosis in pregnant women in various American cities. He found that incidence varies from 3-30%. Roose et al (1993) in Germany found 41.6% women were Ig G positive, F. Pratlong et al (1995) studied a cohort of 286 with history of abortion for toxoplasma antibodies, 13.9% were positive. Thus it seems logical to do screening for toxoplasmosis in women bad obstetric history.

In present study maximum seropositivity (33.3%) for toxoplasma was present in the cases of abortion, second highest in still birth 23.1% than 20.8% and 11.7% respectively in cases of preterm delivery and congenital malformation.
Our findings are consistent to the study made by previous workers. According to Mehta, S. et al (1995) incidence of abortion was 28%, preterm delivery 20% and incidence of still birth and congenitally malformed foetuses was 25% in patients of LGH. Soni, I.J.K. et al (1995) found that frequency of various hazards in seropositive cases was abortion 31.8%, preterm birth 22.7%, still birth 13.6% and congenital anomaly 4.75%. The incidence of repeated abortions in study made by Nagar, P. et al (1995) was 22%, premature birth was 17.8% and congenital toxoplasmosis was 15%.

Jirovee et al (1959) believe that toxoplasmosis is one of the main infection cause repeated abortion in women. Remington (1963) exhibited serological evidence of chronic toxoplasmosis where pregnancy terminated in abortion, still birth or neonatal death. Desmonts George et al (1974) also found that toxoplasmosis can cause abortion & still birth. John L. Sever (1987) found that in 15 pregnancies with raised antibody titre, two children had congenital toxoplasmosis and three were still born. Our view is also supported by Cech et al (1960) who did skin test for toxoplasmin in 379 women whose pregnancy resulted in various types of pregnancy loss and Hingorani, V. et al (1960) found association of toxoplasma with pregnancy wastage in 14% of their cases.
Alexander Macdonal et al (1950) found that from 13 pregnant women with toxoplasma antigen, 12 children were effected. They suggested that such symptomless infection must be kept in mind as infection crosses the placenta.

In our study, we found that sporadic abortion was twice as common as compared to habitual abortion in seropositive cases. Our finding of toxoplasma seropositivity in relation to type of abortion are in agreement with the view of Mehta, S. et al (1995) who reported 25% of habitual abortion cases seropositive where as in cases of sporadic abortion seropositivity was 40%.

A Kimbell (1971) found association of toxoplasma with spontaneous abortion but not with recurrent abortions. He found that toxoplasma infection is not seen in more than one child of the same mother which indicate that primary infection with toxoplasma has a significant association with pregnancy wastage, chronic infection limits further transmission of disease.

Sabin & Feldman et al (1949) suggested when a mother has one child with congenital toxoplasmosis her subsequent children are likely to be normal.

Langer and Geissler et al (1960) believe that women who have congenitally infected child to have another
infected child in subsequent pregnancies. Repeated abortions occur if women developed only an incomplete immunity.

In present study, among the cases of congenital malformation, anencephaly and cleft lip palate were having maximum incidence of seropositivity. Hydrocephaly, microcephaly and myelocoele showed no relation to toxoplasma infection, our findings are similar to the findings of Mehta, S. et al (1995) who found Anencephaly and Cleft lip palate in seropositive cases but they also found microcephaly in seropositive cases which was however not seen in our study.

Farquhar, H.G. (1950), Kimbell, A. (1971) and Hanely et al (1981) showed a positive relationship between toxoplasma and hydrocephalus, which was also not seen in our study.

John L. Sever (1987) found doubling in frequency of deafness, 60% increase in microcephaly and 30% increase in low IQ. It was associated with presence of high maternal antibody to toxoplasma. Microcephaly was not seen in our study.

In our study we found higher incidence of seropositivity in rural area (70.4%) as compared to urban area (31.8%). In the study conducted by Babili Stray Pedersen (1975) of 10,729 pregnant women in Oslo and More area,
higher incidence of seropositivity in rural population was noted. Higher incidence of seropositivity in rural area could be due to lower resistance to infections, unhygienic living condition and improper processing of meat in that area.

In our study we found higher incidence of seropositivity (59.1%) among non vegetarian as compared to seronegative cases (44.2%). Nagar, P. et al (1995) also found definite higher incidence of toxoplasmosis in non vegetarians, while Soni, I.J.K. et al (1995) reported same incidence among vegetarian and non vegetarian.

Beattie et al (1984) suggested that in Britain where meat is usually well or over cooked prevalence rate of toxoplasmosis is lower as compared to French & Belgium.

Hughes, H.P.A. (1985) also suggested that ingestion of undercooked meat containing tissue cyst can cause disease. In countries like France where raw meat is popular the infection rate is high.

Work, 1971 found that contact with infected tissues of animals toxoplasma can penetrate through cracks and small abrasion in the skin, Sheep and swine may be likely source of infection in man, if handling of meat prior to cooking is done.
Frenal, J.K. (1973) observed that sexual reproduction of toxoplasma occur in cat & other felines. Large number of oocysts were found in infected cat faeces and Wallace, O.B. 1971 found that disease can occur by accidental ingestion of oocysts that had been shed in a cat's faeces. Flies can contaminate food with viable oocysts for up to 48 hours after contact with cat faeces so they found higher incidence of toxoplasmosis in women with contact with pets. In our study we found higher incidence of seropositivity in women having pets. Similar findings were reported by Nagar, P. et al (1995).