lectin or charantin which are present in bitter gourd may be responsible for this corrosive effect.

Nikhil Nadkarni, Sanjay D’Cruz, Atul Sachdev
Department of Medicine, Government Medical College and Hospital,
Chandigarh 160 030, India

A. Sachdev (✉)
e-mail: atulsachdev@hotmail.com

References


Seroprevalence of hepatitis C virus in rural population of Bangladesh

Hepatitis C virus (HCV) is a predominant cause of chronic hepatitis and cirrhosis and hepatocellular carcinoma worldwide. HCV infection is endemic in many countries, with an estimated approximately 170 to 200 million HCV-infected persons world-wide. However, there is considerable geographical variation in the incidence and prevalence of HCV infection. Much of this variability can be explained by the frequency of different risk factors for HCV infection, such as injectable drug use, blood transfusions and organ transplantation, unsafe injections and other healthcare related procedures, occupational exposure, and unsafe sexual practices.

Bangladesh is a densely populated country with no population-based data on seroprevalence of hepatitis C virus (HCV). This study assessed the prevalence of HCV in a rural area of Bangladesh.

During July 2007 to June 2008, serum specimens were collected from 1508 subjects (mean age 32.9 [17.8] years, 790 [52.3%] women, 1144 married) residing in a rural area of Bangladesh, located about 60 kilometers from Dhaka city.

The study subjects were selected using systematic random sampling. A structured questionnaire was used to gather relevant data. A blood specimen (5 mL) was collected from each subject and transported using a cold chain to our institution, where serum was separated. Specimens were stored at -70°C; a commercial third-generation anti-HCV chemiluminescence-based enzyme immunoassay (Vitros Eci, Johnson & Johnson, USA) was used for detection of anti-HCV antibodies.

Of the study subjects, 639 (42.4%) were housewives, 296 (19.6%) were students, 209 (13.9%) were businessmen and 175 (11.6%) were farmers. History of surgery, blood transfusion, dental procedures or hospitalization was available in 285 (18.9%), 22 (1.5%), 245 (16.2%) and 272 (18 %) subjects, respectively. In addition, 4 (0.3%) had history of multiple sexual exposures, 6 (0.4%) were alcoholic and none gave history of intravenous drug abuse. Most of the subjects (1300 [86.0%]) belonged to middle socioeconomic class and only 35 (2.3%) to high socioeconomic class.

Only 7 (0.5%; 3 men) subjects tested positive for anti-HCV antibodies. HCV positive subjects were older (mean age 48.6 [12.5] years in HCV positive subjects vs. 32.8 [14.8] years in HCV negative subjects; p=0.005). All the HCV positive subjects belonged to middle class society; of them, one had diabetes mellitus, two had history of dental procedures, two had history of surgery and three had history of hospitalization. None of the HCV-positive subjects had history of multiple sexual exposure or blood transfusion.

Our data show that the prevalence of HCV infection in a rural community in Bangladesh is relatively low, with only about 0.5% showing evidence of HCV infection. This suggests that nearly 0.7 million persons in the country have had HCV infection. No clear mode of HCV transmission could be identified. Larger seroprevalence studies are needed to further clarify the seroprevalence of HCV infection and risk factors for this infection in Bangladesh.

Mobin Khan · Md. Golum Mustafa · Nooruddin Ahmad · Md. Shahinul Alam · Rahat Hasan Baig · Ziaur Rahman Chowdhry · Mostaq Ahmed
Department of Hepatology, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh

Letters

Indian J Gastroenterol 2010(January–February):29(1):44–45
Acknowledgement

The study was carried out with the financial grant of the Ministry of Health and Family Welfare, Government of the People’s Republic of Bangladesh under its Health Nutrition & Population Sector Programme (HNPS).

References