

IS ROUTINE ANTENATAL SCREENING TEST FOR SYPHILIS USING VDRL STILL RELEVANT?

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ABSTRACT

Antenatal clinics perform routine serological tests for syphilis as a screening procedure. Syphilis is still a serious but treatable disease with maternal and fetal complications. There are two categories of serological tests for syphilis, the cardiolopin; venereal disease research laboratory (VDRL) test and the specific tests treponema Pallidum haemagglutination (TPHA) test. Pregnancy is a recognised cause of false-positive VDRL test result. The aim of the study was to determine the seroprevalence and cost-effectiveness of antenatal syphilis screening at Aminu Kano Teaching Hospital (AKTH), Kano, Nigeria. The method includes a retrospective analysis of venereal disease research laboratory (VDRL) test results among pregnant women in AKTH during a 4 year period (January 2007-December 2010) was undertaken. The result include: a) fourteen thousand, eight hundred and seventy-one pregnant women were screened for syphilis, using VDRL test; 95 women were positive. Only eighty-two (82) folders were retrieved and analyzed given a seroprevalence rate of 0.55%. The peak age specific incidence was in the 20-24 years age group, b) the median gestational age at booking was 22 weeks, c) the cost of VDRL test per patient in AKTH is \$2.5. To detect the 95 seropositive cases the sum of \$38,106 was spent. It was concluded that the seroprevalence rate of syphilis in this study was low (0.55%). Initial screening using VDRL alone is neither justified nor cost effective. Selective screening base on risk factors and confirmatory test with FTA-AB is recommended.

Keywords: Seroprevalence, VDRL, Pregnancy