A PROFILE OF CERTAIN INFECTIONS IN MALAYSIA

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Apart from the usual malaria cases by single falciparum species which averaged about 40 cases a year of which six died of cerebral malaria, we had mixed infections in 30% of cases. Seventy-five cases of amoebic colitis and twenty cases of amoebic abscess of liver were seen. There was a solitary instance of splenic amoebiasis. No race was exempt in either malaria or amoebic infections. There were five cases of hydatid disease which is rare in this country; of these three were hydatid of the liver, one splenic hydatid and one case of vertebral column involvement. All the hydatid cases were in Indians who had, at one time or other, been to India.

In this jet age, the world has been shrunken and hence the detection of some instances of infections which may have at one time been considered exotic if not esoteric, in a particular part of the globe. There were two interesting cases of sarcocystis one of which presented as a laryngeal nodule in a Chinese male while the other was detected at autopsy in an Orang Asli girl who died of malignant melanoma of the meninges (Kannan Kutty *et al.*,1975). Three cases of schistosomiasis were detected at necropsy in Orang Asli patients who had died of some other cause. The first case of this disease was reported in Malaysia by Murugasu and Por, (1973). Further necropsies and exhaustive studies in future among the natives here may help discover many more as-yet undetected infections. Parasitic infections associated with appendicitis have been encountered with increasing frequency in this country.

Mycotic infections are by no means rare. Rhinosporidiosis is not as uncommon as it is generally believed to be and to date sixty-two cases of rhinosporidiosis have been documented. Apart from Indians who form the majority of patients, two Chinese and two Malays were also victims of the disease. Rhinosporidiosis in sites other than the nasal cavity is rather rare. We have had an Indian patient (who incidentally has never been to India or Ceylon) presenting with rhinosporidiosis of the naso-lachrymal duct with a history of having had this infection for over thirty years. It must be appreciated that the histological appearances of the lesion ranging from a chronic granulomatous reaction to a non-caseating epithelioid cell response does not bear relation to the duration of the disease nor do they in any way connote the difference in prognosis (Kannan Kutty *et al.*, 1968) Geologically Malaysia rich in tin, like some parts of India having thorium, uranium and ilmenite as opined by Amesur and Satyanarayana (1957), may be conducive to the occurrence of this condition. To what extent this plays a definitive aetiologic role here is a facet worthy of further investigation. Likewise chromomycosis has been frequently encountered. There are, as of now, thirty cases registered in our experience. All were male patients with no racial predilection. Most of the patients were either labourers or agricultural workers. Majority of the patients gave a history of preceding trauma either by way of a thorn prick or some other form of injury. Histological diagnosis had always confirmed the clinical impression; however the exact identification of the aetiological agent was not possible as culture was not done in many instances.

The 'sclerotia' seen from the crushed biopsy material on preliminary examination were of some significance to a certain extent in identifying the species on the basis of their number and grouping (Kannan Kutty *et al.*,1976). Periodic biopsy follow-up of some of these cases after appropriate therapy revealed varying degrees of degeneration and depigmentation of the fungal elements. The author is of the opinion that morphological alterations in the fungi may be used with advantage as a parameter to decide the further treatment and to predict recurrence, if any. Of these nine were successfully cultured and there were five cases of *Fonsecaea pedrosoi*, three of *Fonsecaea errucosa* and one *Fonsecaea dermatidis*.

Another interesting disease that we come across is cryptococcosis, which is relatively common. There are on record sixty five confirmed cases of cryptococcal meningitis in persons who have never been on immunosuppressive or cytotoxic drugs. Although this is common in the Chinese it is not uncommon in other races. Our search for such cases in leukemic or lymphoma patients has not been rewarding. There were only six instances of pulmonary cryptococcosis and of these only two patients had concomitant meningitis. That this is not increasingly recognised is surprising particularly in view of the fact there are several poultry and pigeon farms in Malaysia. This is a field with great potential for future studies but, as of now, no epidemiologic data is available. No effort has to our knowledge, to date, been made to study the various sero-types of the *Cryptococcus neoformans*. While the initial response to therapy with drugs such as 5 Fluoro-cytosine has been encouraging, recurrence do occur.

This problem is compounded by the fact that during recurrence the same pateints are refractory to the initial specific therapy. We do not know if these apparent recurrences are in fact reinfection by some other strain of *Cryptococcus neoformans*. Further work, we hopefully believe, will help resolve this intriguing aspect of this disease (Kannan Kutty *et al.*,1977). Only three cases of the rare Maduromycosis had been encountered in our experience. One was unique in that the patient was a young Chinese lady who presented with a painful swelling on the sole of the foot without any sinus or scarring. There was no history of preceding trauma. The diagnosis was arrived at only by histopathological examination. No culture was done as it was not clinically suspected. However using histologic criteria of identification of the aetiologic agent it was thought to be due to *Madurella mycetomi* (Kannan Kutty and Bau,1969). Needless to reiterate the reliability of histologic identification in 94 % cases (Klokke *et al.*, 1968). A typical case in a Malay man on culture proved to be caused by *Aspergillus nidulans* which, rare though as an aetiological agent, has been reported. These three cases illustrate the fact that although the disease is not indigenous in Malaysia its occurrence in this country is a proved possibility and hence all cases of swelling of extremities warrant a biopsy.

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