

Filarial hydrocele management in global programme on elimination of lymphatic filariasis

Lymphatic filariasis is a public health problem in 80 or more countries and affects 120 million people globally. The World Health Organization (WHO) has targeted the disease for elimination by the year 2020, and accordingly a Global Programme on Elimination of Lymphatic Filariasis (GPELF) has been implemented in affected member countries. The programme has two major goals: to interrupt transmission of the parasite and to provide care for those who suffer from the devastating, debilitating disease. The latter goal addresses two disease conditions of filariasis: lymphoedema and hydrocele. In filariasis endemic areas the impact of hydrocele is enormous. In younger males it affects their work, study, sports activity and self-esteem. In many adult males, the condition affects professional work capacity and sexual function¹. However, hydrocele is the least priority of the GPELF and only sporadic efforts for hydrocelectomy have been attempted.

Regarding filarial hydrocele many basic questions like true prevalence, its identification, effectiveness of surgery, post-operative complications, recurrence, treatment seeking behaviour of the affected

individuals, cost of surgery, etc. need to be researched. It may be possible that in India the estimated hydrocele morbidity data of 13 million cases² may be much less than the actual prevalence. In filariasis endemic areas, individuals with larger hydroceles report to the health authorities, whereas those with small hydroceles mostly in young males go unreported. Unlike lymphoedema, small hydrocele is not noticeable and some amount of shyness, mostly in the younger age group prevents their reporting. In rural and semi-urban settings many hydrocele patients seek help from private practitioners, quacks, and traditional healers, besides government hospitals or dispensaries and hence such cases invariably go unreported.

The recommended treatment for hydrocele is surgery and a variety of surgical techniques are used. The current WHO guidelines recommend complete removal of tunica vaginalis. However, the common deterrents for hydrocelectomy in the endemic population are post-operative infections like haematoma, abscesses, penile oedema, etc. The cost and availability of surgery is also beyond the reach of

many rural patients, forcing them to bear the trauma. In the government level, sporadic attempts for mass hydrocelectomy have been initiated recently. Considering the vast population affected by hydrocele, the need of the hour is proper planning with budgetary provisions for surgery and management of post-operative complications. Though the success of the programme will halt transmission of the disease by 2020, the affected individuals will suffer much beyond the deadline. It is time to take up these issues and plan for hydrocelectomy as a mass movement.

1. Kumari, K. A., Harischandrakumar, K. T., Das, L. K. and Krishnamoorthy, K., *Trop. Med. Int. Health*, 2005, **10**, 567–573.
2. Narahari, S. R., Bose, K. S. and Prasanna, K. S., *Curr. Sci.*, 2007, **92**, 1665–1667.

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Role of SSV

It is good to note that the Society for Scientific Values (SSV) investigates cases of misconduct in science in a thorough and transparent manner. For example, the case of Gopal Kundu and others involved in plagiarism of some kind. What is more surprising is the outcome of the Expert Committees, which tend to exonerate such acts. The net result of all such efforts, however, remains disappointing, as it apparently has not helped in controlling unethical practices by our scientists. The concerned institutions to which such scientists are affiliated do not implement exemplary punishments. Attempts are made to somehow hush-up the matter and use time-delaying tactics.

Such matters basically involve the character and traits of the concerned in-

dividual. Genuine academic merit and international recognition of the concerned study get ignored at the cost of status/position that the proclaimed leaders of science happen to acquire in the country. An environment of sycophancy prevails widely in the community.

We need to clean up such an environment through powerful mechanisms like setting up a professional 'Board of Control' on the lines of the Central Vigilance Commission. The latter may require legislative approval to implement punishments. If things are not taken seriously now, the slogan of innovation and excellence in science will contribute only to mediocracy and routine science. Science is international and no country-oriented criteria can be set to define merit. Sci-

ence education has already degenerated both in schools and universities. Teachers can hardly satisfy the innate curiosity and enthusiasm of youngsters. Syllabi/curricula reforms become meaningless as the ingenuities of the human mind remain buried with routine and loads of undigested information. Can we ever hope to prepare our country to become a top nation in science and technology, consistent with our rich culture and heritage of profound universal knowledge!

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