

cancer risk among males is also higher as compared to females.

Delhi reports highest magnitude of risks for males and Chennai for females in all cancers combined during childhood period. Significant increase in trends of childhood cancer risk detected for all sites combined in Chennai for males and in Mumbai for females. The trends observed may likely to give an insight into further understanding of childhood cancer etiology.

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Congenital Malformations: Unexplored Causes

Rates of some congenital malformations in India is one of the highest in the world(1,2). Many studies to prevent the malformations are underway. Apart from consanguineous marriage, infections during pregnancy and folic acid deficiency, history of drugs during pregnancy has been hypothesized as one of the causal factors.

Drug intake during pregnancy include oral contraceptive pills, progesterone analogues to confirm pregnancy, medications for medical ailments and sex selection drugs to bear male offspring(3,4). Effects of sex hormones on fetus have been documented elsewhere. But the studies are based mainly on the exposure of fetus to female sex hormones during the initial period of development.

A preliminary community based study indicates that sex selection drugs contain steroids, and more specifically androgens(5). Limited evidence on exposure of fetus to androgens are obtained from studies conducted on patients suffering form adreno-genital syndrome. In such patients, over-production of androgens leads to partial masculinization of external genitalia and behavior. Although a complete bio-

chemical picture of the sex selection drugs are still unexplored, a theoretical risk might be involved as these are consumed at a time when sexual differentiation takes place at 8-10 weeks of pregnancy.

The fact that pregnant women resort to drugs for having male child represents only the tip of iceberg. It cannot be ignored while discussing strategies to reduce the incidence of congenital malformations in the country.

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