Correspondence

TO THE EDITOR, British Journal of Venereal Diseases

Diverticular disease presenting at a special clinic

Sir,

Vesico-colonic fistula is a well known but uncommon complication of diverticulitis,\(^1\) presenting with well-recognised features such as pneumaturia, cystitis, and faecaluria.\(^2\) Presentation with urethral discharge alone however must be very rare.

A 69-year-old, retired merchant seamen attended the Special Clinic of this hospital in November 1977 with a three-week history of dysuria and nocturia without day-time frequency, which were unresponsive to courses of pyridium and cetiprin prescribed by his general practitioner. He had been treated for gonorrhoea 30 years previously and came to the clinic because one week before he had developed a urethral discharge. He denied any sexual intercourse since his treatment for gonorrhoea.

On examination he had a mucopurulent urethral discharge. The urine was hazy with heavily blood-stained threads. A Gram-stained urethral smear showed no evidence of Gram-negative diplococci but numerous leucocytes were seen. Inoculation of mucopus on to modified Thayer-Martin medium failed to produce a growth of \textit{N gonorrhoeae}. Serological tests for syphilis gave negative results. No abnormalities were found on examination of the abdomen or the prostate gland. A presumptive diagnosis of nongonococcal urethritis (NGU) with associated cystitis was made and co-trimoxazole two tablets every 12 hours was prescribed. \textit{Escherichia coli} (\(>10^8/\ell\)) were grown on culture of the urine.

Four days later at his next attendance a 10-day history of pneumaturia was obtained and, on further questioning, he admitted to the passage of faeculent material from the urethra. He had had no recent abdominal pain or bowel disorder. A vesico-colonic fistula was diagnosed and the patient referred to the surgical department for further investigation. Barium enema failed to show a fistula but fairly extensive diverticular disease of the sigmoid colon was evident. Excretion urography was normal. Cystoscopy showed a small fistula with faecal material exuding through it. Surgical correction was clearly necessary and a small vesico-colonic fistula was found at operation. After separation of the sigmoid colon from the bladder the defect was closed and a sigmoid colectomy with end-to-end anastomosis performed. Histology showed the sinus to be lined with granulation tissue extending through the muscularis.

\textit{E coli} is an uncommon pathogen in the aetiology of NGU, but as it was recovered from the urine in this patient it apparently had a pathogenic role in his urethritis. Coliforms passed easily from the bowel causing a urethral discharge, which brought his condition to our attention. At present the patient is symptomfree with sterile urine 11 months after operation. The aetiology of NGU in elderly men obviously requires unbiased consideration.

We should like to thank Dr C D Alergant and Mr C R Helsby for their assistance.

Yours faithfully,

P B Carey

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References


Notice

30th General Assembly of the IUVDT

The 30th General Assembly of the International Union against the Venereal Diseases and the Treponematoses will take place from 6 to 12 June 1980 in East Berlin.

There will be five scientific sessions and an extensive social programme. The scientific sessions will be: syphilis, gonorrhoea, viral sexually transmitted diseases, other sexually transmitted diseases, and social/psychological/epidemiological aspects of venereal and other sexually transmitted diseases.

Participants and observers are referred to: Professor G Elste, Chefarzt: Medizinrat Hautklinik, Stadishes Klinikum, Wiltbergstrasse 50, 115 Berlin-Buch, East Germany.

Third Meeting

Sexually Transmitted Diseases, third meeting, Antwerp, Belgium, from 2 to 3 October 1980. Main topics include: genital infections in women and genital ulcers.

Abstracts to be submitted by 30 May 1980 to the programme secretary: Dr P Piot, Department of Bacteriology and Virology, Institute of Tropical Medicine, Nationalestraat 155, B-2000 Antwerp, Belgium.

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P B Carey and J N Johnson

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If Dr Kean is so concerned about this "epidemic" why did he not contact either or both of us, or for that matter the Commissioner of Health, when he "realised" his findings? We are also puzzled by his apparent failure to report his cases to the Health Department, a requirement of the New York City Health Code.

Yours faithfully,

Yehudi M Felman
John S Marr

Bureau of Veneral Disease Control, 93 Worth Street (Room 806), New York, NY 10013, USA

References

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Notices

Wellcome Museum

The Wellcome Museum of the History of Medicine is now housed at the Science Museum in South Kensington, where it will form the basis of a national medical collection. Two new galleries will open there in 1980 and 1981 to provide a permanent display of medical history.

It has been drawn to our attention that material relating to the history of venereology and venereal diseases is scattered, fragmentary, and often in danger of being destroyed. This is particularly the case for the twentieth century, during which time venereology has been reorganised as a distinct branch of medicine, with a result that records are not necessarily held centrally.

The materials of interest might range from three dimensional objects such as instruments, literature such as printed forms or leaflets, photographs, and manuscript notes (ephemeral or otherwise), all of which can supply valuable background information for the study of venereology and the work of the clinics.

The historian to the collection will be very glad to hear from readers with any items of this kind: Dr Christopher Lawrence, The Wellcome Museum of the History of Medicine, Science Museum, South Kensington, London SW7 2DD (telephone 01-589-3456, ext 565).

RSM Meeting: "Sexually Transmitted Diseases"

A meeting of the Section of Epidemiology and Community Medicine of the Royal Society of Medicine is to be held on Thursday 13 November 1980 at 5.30 p.m.

The speakers—all from the Academic Department of Genitourinary Medicine at the Middlesex Hospital, London—will be: Professor M W Adler (on "The size of the problem—how accurate?"); Miss E M Belsey (on "Cases versus patients—multiple attenders identified"); and Mr R M Harrison (on "The role of symptoms in treatment seeking patterns of women with genital symptoms").

Those intending to attend should apply to the Sections Office of the Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE, for the appropriate attendance voucher.

Bulletin of sexually transmitted diseases

The Dutch Foundation against Venereal Diseases is now publishing a quarterly bulletin, Bulletin Sexueel Overdraagbare Aandoeningen. Further information can be obtained from Dr W T A M Henderiks, John F Kennedylaan 99, 3981 G B Bunnik, Postbus 100, 3980 C C Bunnik, the Netherlands.

Correction

In the letter by P B Carey and J N Johnson (1980; 56: 57) on "Diverticular disease presenting at a special clinic" the first reference should have read, "... Br J Urol 1969; 41:314-9."