Correspondence

TO THE EDITOR, British Journal of Venereal Diseases

Penicillin concentrations in the cerebrospinal fluid after benzathine penicillin and probenecid in the treatment of syphilis

Sir,

Polnikorn et al reported that only after 4 million IU aqueous penicillin or 500 000 IU aqueous probenecid intravenously with oral probenecid was an acceptable concentration of penicillin in the cerebrospinal fluid (CSF) attained in the treatment of neurosyphilis (0.03 IU/ml or 0.018 mg/ml). Dunlop et al reported that with 2.4 million IU procaine penicillin intramuscularly and oral probenecid more than adequate concentrations of penicillin could be detected in the CSF.

We wish to report our observations on four male patients with syphilis who had been treated with benzathine penicillin 2.4 million IU intramuscularly weekly for three consecutive weeks (total dose 7.2 million IU) together with oral probenecid 500 mg six hourly for 21 days. Two patients had secondary syphilis, one with syphilitic aortitis with uveitis and the other latent syphilis. Penicillin concentrations were measured twice using a bioassay method with Sarcina lutea as test organism (table).

Our results indicated that benzathine penicillin 2.4 million IU weekly with daily oral probenecid resulted in undetectable concentrations of the drug in the CSF on the seventh day after injection. This regimen, therefore, does not seem to be appropriate for the treatment of neurosyphilis. The minimum course of outpatient treatment for neurosyphilis should be 2.4 million IU procaine penicillin intramuscularly daily with oral probenecid 500 mg six hourly, as recommended by Dunlop et al.

Yours faithfully,

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References


Table Penicillin concentrations in the blood and cerebrospinal fluid (CSF) of four male patients with syphilis

<table>
<thead>
<tr>
<th>Case No</th>
<th>Age (years)</th>
<th>Stage of disease</th>
<th>Blood</th>
<th>CSF</th>
<th>Controls</th>
<th>Penicillin concentration seven days after first dose</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>VDRL (titre)</td>
<td>FTA-ABS</td>
<td>VDRL</td>
<td>FTA</td>
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<tr>
<td>1</td>
<td>19</td>
<td>Secondary</td>
<td>1/32</td>
<td>R</td>
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<tr>
<td>2</td>
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<td>Latent</td>
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</table>

R = reactive; NR = non-reactive

Book Reviews


This monograph, the second in the series “Current Topics in Infection,” is written by a physician and a microbiologist, both acknowledged experts in the field of chlamydial research.

After a clear and well-balanced review of the microbiology of the organism, there is a chapter devoted to the laboratory diagnosis of Chlamydia trachomatis infection. The taking and handling of clinical specimens for culture is described and the use and limitations of serological methods in diagnosis discussed. Human infections due to C trachomatis are described in the next seven chapters. A particularly pleasing feature is the insertion at appropriate places of “Comments”. These short paragraphs are designed to make the reader stop to consider the importance of what has been presented in the preceding pages. The last chapter, entitled “Discussion,” draws together these comments in a critical appraisal of current knowledge about human chlamydial infections.

Overall, the book is well produced and is a pleasure to read. There are some areas of repetition of data but this is a minor criticism of an otherwise valuable monograph. I can wholeheartedly recommend this review to genitourinary physicians in training and to their consultant colleagues.

A McMillan
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