Abstracts

These selected abstracts and titles from the world literature are arranged in the following sections:

Syphilis and other treponematoses (clinical and therapy; serology and biological false-positive phenomenon; pathology and experimental)
Gonorrhoea (clinical; microbiology; therapy)
Chlamydial infections
Non-specific genital infection
Reiter's disease

Syphilis and other treponematoses (clinical and therapy)

Treatment of syphilis

Congenital syphilis as a cause of an abnormal cardiotocogram

A 32 year old unmarried multigravida (with a previous history of subacute bacterial endocarditis leading to mitral valve damage) presented at the authors' antenatal clinic two days before her expected date of confinement. As she had felt in good health no antenatal care had been sought for the previous seven months while she had been in Germany.

As the cardiotocogram the day after admission showed the loss of baseline variability present the previous day, an elective Caesarean section was performed. A live female baby, 2800 g in weight, with Apgar scores of 1 at one minute and 6 at 10 minutes was delivered. After resuscitation the baby was found to have hepato-splenomegaly, ascites, and a fine petechial rash. The ascitic fluid was examined two days after birth and found to contain treponemes. Both mother and child were treated with penicillin. This was the mother's second infection with syphilis and had probably been contracted four months earlier at 24 weeks of pregnancy.

The baby was seriously ill with idiopathic thrombocytopenic purpura, intravascular coagulation, and haemolytic anaemia but made a satisfactory recovery. She had no other lesions of congenital syphilis or any bony changes on x-ray film.

G D Morrison

Syphilis (serology and biological false-positive phenomenon)

Purification of Tr-6 a Reiter treponeme protein antigen precipitating with antibodies in human syphilitic sera
CS Petersen, NS Pederson, and NH Axelsen (Statens Seruminstitut, Copenhagen, Denmark). Infect Immun 1982; 38:35-40.

Serological tests for syphilis

Screening for syphilis with the AMHA-TP test

Syphilis (pathology and experimental)

Effect of route of infection with Treponema pallidum in vitro cellular response to treponemal antigens

Treponema pallidum in a peripheral nerve tissue of syphilitic chancre

Gonorrhea (clinical)

Gonorrhea during the intrapartum period

Detection of repeated gonorrhoeas by a modified follow up method
Abstracts

Screening for pharyngeal gonorrhea in the urban teenager
MR CHACKO, S P HILLIPS, AND MS JACOBSON
(University of Maryland Hospital, Baltimore, Maryland, USA). Pediatrics 1982; 70:620-23.

A retrospective chart review assessed the occurrence of pharyngeal gonorrhea among 546 teenagers who attended a general adolescent clinic and who had samples taken for routine culture at three sites for gonorrhea (cervix/urethra, rectum, and pharynx) regardless of their history of sexual practice. No record of specific sexual practice was available. This population was predominantly urban, black, and female; the age range was 11-22 years (mean 16.5). The overall occurrence of gonorrhea was 14.7% (80/546). Pharyngeal gonorrhea was detected in 2.7% of the study population, representing 12 girls and three boys. Of the 80 patients with gonorrhea, 15% had only pharyngeal gonorrhea. History was available for 13 of the 15 patients: none had pharyngeal symptoms. Approximately half were detected by routine screening at a family planning visit; the remainder had complaints related to sexually transmitted disease. The occurrence of pharyngeal gonorrhea is sufficiently high to merit study of the indications for pharyngeal culture of teenage patients. Given the potential for disseminated infection and absence of information regarding the reliability of self-report, it currently appears appropriate to culture samples from adolescents routinely for pharyngeal gonorrhea, regardless of stated sexual practice, whenever genital cultures are performed.

Authors' summary

Gonorrhoea (microbiology)

Effect of anti-pilus antibodies on the survival of gonococci within guinea pig subcutaneous chambers
FR LAMBDEN, JE HECKELS, AND PJ WATT
(University of Southampton, School of Medicine, Southampton, UK). Infect Immun 1982; 38:27-30.

Comparison of commercially available New York City medium and Martin-Lewis medium for recovery of Neisseria gonorrhoeae from clinical specimens
WD LAWTON AND LW KOCH

Diagnosis of gonorrhea using a genetic transformation test on mailed clinical specimens
HW JAFFE, SJ KRAUS, TA EDWARDS, ET AL

Gonorrhoea (therapy)

Acute gonorrhoea treated with a single intramuscular injection of mezlocillin

Mezlocillin in the treatment of gonorrhoea
Y KATANIWA AND K MIZUMA
(Nihon University, School of Medicine, Tokyo, Japan). Infection 1982; 10 suppl 3:172-5.

Treatment of uncomplicated gonorrhoea with cefotaxime
HH HANDSFIELD

Vaginal spermicides and gonorrhoea
H JICK, MT HANNAN, A STERGACHIA, ET AL
(Boston University Medical Center, Waltham, Massachusetts, USA). JAMA 1981; 248:1619-21.

All positive cultures for Neisseria gonorrhoeae recorded from 20 December 1978 to 31 December 1980 for women born between 1940 and 1960 were identified among the members of Group Health Cooperative of Puget Sound, Seattle, and rates of gonorrhoea calculated for recent oral contraceptive users, recent vaginal spermicide users, and women with surgical sterilisation. The risk ratio estimate, based on the included population, for spermicide users compared with all others was 0-23 (90% confidence interval, 0-10, 0-50). When women with positive cultures for N gonorrhoeae were compared with women with negative cultures, the risk ratio estimate comparing spermicide users with all others was 0-13 (90% confidence interval, 0-05, 0-34). The results are consistent with a protective effect of vaginal spermicides against gonorrhoea.

Authors' summary

Serology of Neisseria gonorrhoeae: coagglutination serogroups WI and WII/III correspond to different outer membrane protein I molecules
EG SANDSTRÖM, KCS CHEN, AND TM BUCHANAN

Dissemination of gonococcal infection is associated with delayed stimulation of complement-dependent neutrophil chemotaxis in vitro
P DENSEN, LA MACKEN, AND RA CLARK
(University Hospital, Boston Massachusetts, USA). Infect Immun 1982; 38:563-72.

Antigenicity of Neisseria gonorrhoeae outer membrane protein(s) III detected by immunoprecipitation and Western Blot transfer with a monoclonal antibody
J SWANSON, LW MAYER, AND MR TAM

Phenotypic changes in colonial morphology of Neisseria gonorrhoeae
EP NORROD AND RP WILLIAMS

Susceptibility of Neisseria meningitidis and Neisseria gonorrhoeae isolates to N-formylmethionyl-thienamycin
EJ DUDEK, JD STEPHENSON, M BOHNNHOFF, AND SA LERNER

Non-specific genital infection

Persistent and recurrent non-gonococcal urethritis without evidence of current infection
PE MUNDAY, DG ALTMAN, AP JOHNSON, ET AL
(Division of Communicable Diseases, Clinical Research Centre, Watford Road, Harrow, Middlesex, UK). Eur J Sex Transm Dis 1982; 1:115-20.
Genital mycoplasmas in patients with non-gonococcal non-chlamydial urethritis and in healthy volunteers

C ALVAREZ-DARDET, C de MIGUEL, AND EJ PEREA (University Hospital, University of Seville, Spain). Eur J Sex Transm Dis 1982; 1:21-3

The isolation rates of genital mycoplasma (Ureaplasma urealyticum and Mycoplasma hominis) in a group of 50 male patients with non-gonococcal non-chlamydial urethritis (NGCU) are compared with those obtained in a group of 43 healthy volunteers. Both groups were matched for age, socioeconomic level, and number of sexual partners per year.

M hominis was isolated from 17·64% of the patients with NGCU and from 18·9% of the control group. U urealyticum was isolated from 76·47% of the patients with NGCU and from only 2·3% of the control group.

Authors' summary

Chlamydial infections

Chlamydia trachomatis infection of mouse trophoblasts


Comparison of methods for cultivation and isolation of Chlamydia trachomatis


Long term clinical, microbiological and immunological observations of a volunteer repeatedly infected with Chlamydia trachomatis


Chlamydia trachomatis and cervical neoplasia


Detection of type-specific antibody to lymphogranuloma venereum serotypes of Chlamydia trachomatis with a micro-neutralisation test


Effect of oestradiol on chlamydial genital infection of female guinea pigs


Neutralisation of Chlamydia trachomatis infectivity with antibodies to the major outer membrane protein


Efficacy of rosaramicin and tetracycline in chlamydia-positive and-negative non-gonococcal urethritis


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necessary to cause resolution of the keratoderma.

Six months later he was readmitted with bloody diarrhoea, slimy stools, tenesmus, and abdominal pain, and an anal fistula developed. He was very anaemic (Hb 3·6 g/dl) and was given six units of blood. Sigmoidoscopy showed petechial haemorrhages and a biopsy acute inflammatory cells. Three days later he developed an acute toxic colitis, which slowly subsided with medical treatment. The arthritis in his hands, affecting many of the small joints, deteriorated leaving deformities of the right index and both ring fingers. This is the second recorded case of Reiter's syndrome (although incomplete as there was no conjunctivitis) associated with ulcerative colitis.

G D MORRISON

Trichomoniasis

Antibody to Trichomonas vaginalis in human cervicovaginal secretions

KE SU (National Taiwan University, Taipei, Taiwan). Infect Immun 1982; 37:852-7.

Candidosis

Vaginal candidosis treated with three different concentrations of natamycin (Pimarucin®) for six days


Genital herpes

Comparison of an ELISA technique with quantal microneutralisation test for serotyping of HSV-1 or HSV-2 infected patients


Clinical and virologic studies on female genital herpes

Abstracts

Herpes simplex infection simulating a positive auto-inoculation for Haemophilus ducreyi
J Jørgensen and T Menne (Gentofte Hospital, Copenhagen, Denmark). Acta Derm Venereol 1982; 62:459-60.

Failure of 2-deoxy-D-glucose in the treatment of experimental cutaneous and genital infections due to herpes simplex virus
ER Kern, LA Glasgow, RJ Klein, and AE FriedmanKien (University of Utah, Salt Lake City, Utah, USA). J Infect Dis 1982; 146:159-66.

Genital herpes simplex infections in Israel: 1973 through 1980

Other sexually transmitted diseases

Isolation and rapid identification of Haemophilus ducreyi

Motile anaerobic curved rods in non-specific vaginitis

Public health and social aspects

Sexually transmitted disease—audiovisual teaching aids (United Kingdom)

Recreational drug usage among patients attending a sexually transmitted diseases clinic
TJ McManus, LA Starrett, PE Munday, and JRW Harris (Praed Street Clinic, St Mary’s Hospital, London, UK). Eur J Sex Transm Dis 1982; 1:33-5.

Two hundred and fifty homosexual men, 100 heterosexual men, and 100 heterosexual women, all under the age of 45, were interviewed at the Praed Street Clinic to establish in particular detail to what extent they used nitrites and whether any other drugs or drug combinations were used. Of the homosexual patients, 215 had inhaled nitrites compared with 21 heterosexual men and 17 heterosexual women. Of the homosexual men, 74 used it more than four times a month, and almost exclusively during sex, whereas the four heterosexual female regular users used it at parties. The main source of the nitrites appeared to be sex shops and discotheques, though many used friends’ supplies. The most frequent combination was alcohol, cannabis, amphetamines, and amyl nitrite; 15% of homosexual men used combinations of drugs.

G D Morrison