and one 500 mg. No further improvement was apparent after 14
days. These two men and four of the
remaining six treated with ceftriaxone
500 mg in whom no further response was
observed after 14 days were
deemed treatment failures and started
on co-triamoxazole with good effect.
Two men seen after 7 days in whom no
Donovan bodies were detected de-
faulted from further follow-up.

Ceftriaxone is a useful drug in the
treatment of sexually transmitted dis-
ease in the developing world and has
proven efficacy against penicillinase
producing Neisseria gonorrhoeae,
chancroid and syphilis. In the single
doses used here, ceftriaxone did not
achieve a cure for donovanosis
although the initial improvements
observed suggested that increased doses
at more frequent intervals could be effective.

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Accepted for publication 3 January 1991

Molluscum contagiosum: possible
culture misdiagnosis as herpes
simplex

The diagnosis of molluscum con-
tagiosum is usually easily made by
observation of the waxy umbilicated
lesions. The classical central punctum
may be more easily seen during
thawing following liquid nitrogen
application. However, the lesions may
sometimes be atypical and difficult to
distinguish from warts or other skin
and mucosal lesions. Tiny or ulcerated
molluscum lesions may mimic herpes
simplex.

Molluscum contagiosum virus
(MCV) can cause a cytopathic effect
(CPE) in some tissue culture lines,1
although this is not widely known (and
indeed was not initially known to us).
In our laboratory we have observed
that MCV can cause a CPE in both
MRC5 and monkey kidney cells; both
cell lines are used in the isolation of
herpes simplex virus (HSV). The CPE
of MCV disappears with first passage
but that of HSV evolves more rapidly
and can be passaged. HSV type 2
generally produces more marked
ballooning of cells when compared
with HSV type 1 and MCV. Our
laboratory does not routinely perform
serial passage, immunofluorescence
(1F) or electron microscopy (EM) on
specimens causing a herpes-like CPE.

In an attempt to determine how
often MCV produced a CPE we
swabbed classical molluscum lesions
over a 3 year period. Swabs were sent
to the laboratory in transport medium
requiring herpes virus culture. The
specimens were inoculated onto tissue
culture, the laboratory worker being
unaware of the diagnosis. Nine of
19 swabs yielded a CPE and were
reported as "herpes simplex virus
isolated".

We present a case history to illus-
trate how misdiagnosis might arise
from swabbing atypical lesions.

A 22 year old female with no past
history of genital herpes or molluscum
presented with a slightly tender vulval
lesion of two weeks duration. On
examination an indurated crusted
lesion 0.5 cm in diameter was present
on the left labium majus. A swab was
taken for herpes culture. The
laboratory reported the isolation of
herpes simplex virus from observation
of a CPE but did not perform con-
firmatory tests on the cytopathic agent.
The aetiological agent of the lesion in
this patient may have been MCV or
HSV.

It is important that misdiagnosis
between HSV and MCV is not made.
It has been suggested previously that
specimens producing a CPE that will
not serially passage should be submit-
ted for further confirmatory tests.2 In
our laboratory resources are limited
and therefore it is important that the
clinician states on the request form
whether the appearance of a lesion is
atypical so that the laboratory can
selectively investigate further any
CPE to confirm or refute HSV. This
should avoid potentially serious mis-
diagnosis.

We thank Mr Clive Balaam for
performing the viral cultures.

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Accepted for publication 31 January 1991

Syphilis and the elderly

A 91 year old man, veteran of the two
world wars, wanted to emigrate to join
his daughter when routine serological
tests for syphilis showed the following
results: VDRL—positive; TPHA—
positive and FTA—positive. To avoid
any question of human error repeat
blood tests on a fresh sample produced
identical results, which were sub-
sequently confirmed by the Reference
Laboratory.

After the death of his first wife nearly
fifty years ago he remarried. During
counselling he denied being sexually
promiscuous or having any homosex-
ual tendency in the past. Full physical
examination and other pathology tests
revealed no other abnormality. The
patient was not demented and in view
of his age and his desire to leave the
country as soon as possible, no lumbar
puncture was done to analyse his CSF.

After completing a course of procaine
penicillin therapy as advised by the
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A rapid stain for the diagnosis of granuloma inguinale

The paper entitled A rapid stain for the diagnosis of granuloma inguinale is a welcome addition to the existing procedures. It is, therefore, worthwhile to utilise it for rapid diagnosis of the disease. However, this has its limitations for in only 38% of Donovanosis is it positive. In 62% it is not of help. Consequently it has major limitations as a diagnostic tool. It is, therefore, imperative to 'suspect' the diagnosis of Donovanosis on the basis of morphological characteristics of the ulcer. Despite the clinical features being cardinal, the condition may have to be differentiated from chancroid/chancroidal ulcer, primary chancre, herpes genitalis, and squamous cell carcinoma. In fact, at this centre it is customary to make the diagnosis by undertaking a battery of tests to exclude aforementioned genital ulceration. These tests include: dark-ground microscopy for Treponema pallidum, gram-stained surface smear for Haemophilus ducreyi, Giemsa-stained surface smear for giant cells/balloon cells for herpes genitalis, Giemsa-stained tissue smear for demonstration of intra-mononuclear Donovan bodies, haematoxylin-eosin stained tissue sections to establish the histological features of Donovanosis and to exclude squamous cell carcinoma, and demonstration of Donovan bodies in tissue section using slow Giemsa (overnight) technique, serological diagnosis of syphilis, attempt to recover Haemophilus ducreyi on culture.

The clinical diagnosis, supplemented by these procedures improve the diagnostic success to almost 100%.

It is worthwhile to highlight the slow-Giemsa (overnight) technique in which the tissue sections are placed in a 10% Giemsa-stain for 17 hours. It was possible to demonstrate Donovan bodies in 95% of the cases. The Donovan bodies were found distinctly and in large numbers in the mononuclear cells (intra-cellular). Furthermore, it was easy to demonstrate multicystic cells containing Donovan bodies, well recognised as cells of Greenblatt.

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MATTERS ARISING

Sexually transmitted diseases in rape victims

We read the report of Estreich et al on victims of sexual assault with interest and can confirm findings of similar rates of STD in such victims referred by a police surgeon in Leeds.

In a 24 month period after July 1988 52 female victims of sexual assault (mean age 19-5 yr, range 13 to 48) were referred by a local police surgeon and attended the Department of Genitourinary Medicine, Leeds between 3 days and 4 weeks after the incident.

Fourteen women (28%) had a sexually transmitted disease (seven Chlamydia trachomatis, two Neisseria gonorrhoeae, five Trichomonas vaginalis). A further six women had non specific cervicitis and four had abnormal cervical cytology (two had CIN, the other two defaulted from follow up). Interestingly four of eleven women who were examined within 96 hours of assault had an STD indicating that such women may be at risk from pre-existing STD. There were no cases of genital warts, herpes simplex or syphilis. All women were counselled for HIV and 11 specifically asked to be serotested mainly because of fear of acquisition of infection. None had any defined high risk factors but in only two cases were the assailants recognised. All serological tests for HIV were negative.

Prior to 1988 very few cases were referred from the local police surgeons. Since then we have developed excellent links with one who examines the majority of assault victims and these now constitute an important source of referral of such women to the department. Local women police constables have taken a supportive role and often accompany victims to the department if requested. A review of all rape cases a few months ago indicated infrequent referrals by voluntary organisations (such as Rape Crisis) and we have now instigated closer links with these groups with a consequential increase in numbers seen. These organisations regularly change personnel and it is therefore important to audit cases of sexual assault that are referred on an ongoing basis, and to maintain a dialogue, so that such women, who have high rates of genital infections, continue to be offered the essential screening services provided by genitourinary medicine departments.

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Syphilis and the elderly.

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doi: 10.1136/sti.67.3.270-a

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