manifestations. The present case had annular lesions mimicking tenia infection and a depressed nose. Though annular lesions are frequently seen in secondary syphilis, they are rarely seen in congenital syphilis. However, well defined annular lesions with a raised border mimicking tenia infection have not been reported in congenital syphilis. We suggest that possibility of congenital syphilis should also be considered in infants presenting with asymptomatic annular lesions.

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Antitrichomonal (cross) immunity as an important factor in vulvar vestibulitis syndrome pathogenesis

Vulvar vestibulitis syndrome (VVS), characterised by tenderness and erythema of the vaginal introitus, has not been aetologically connected with an infective agent. According to personal clinical observations, it seems that in this syndrome genital trichomoniiasis is more rare than in the usual population of sexually active women. The aim of this letter is to point out the possibility that extragenital trichomonas infections, with consecutive sensitisation, including crossed circulating immunity, may also cause the manifestations of vulvar over-sensitisation and erythema in cases of trichomonas infection of the sexual partner’s sperm.

In six women with VVS, which lasted more than 6 months, trichomonads (Ts) were searched for in cervicovaginal secretions, urine sediments, morning expectorated mucus as well as in the partner’s fresh sperm (up to 1 hour after ejaculation). Wet smears were stained by standard methods and immediately microscopied. All materials were inoculated in Diamond’s TYM medium1 enriched with 10% heat-inactivated horse serum and rice starch. Species identification was determined by microscopy of cooled wet preparations, wet smears and cultures of cervicovaginal secretions were negative in all six women. Smears of respiratory mucus showed the presence of aflagellary T forms in four cases, while in the cultures T tenax was grown. T vaginalis was grown in cultures of urine sediment of the remaining two women and in sperm of five partners. Peroral or perrectal (by a heavy smoker with gastric ulcers) metronidazole, with instructions regarding respiratory mucus expectation (especially postural and postprandial), resulted in significant regression of vulvar symptoms in all women. In three cases with respiratory trichomoniiasis, in both urine-positive women and in all five sperm positive partners, metronidazole removed the parasites. In the last woman (a heavy smoker) with respiratory trichomoniiasis, metronidazole significantly reduced respiratory mucorhea but smears remained positive. As all women used coitus interruptus as the main contraceptive method a condom was recommended after therapy.

In the voluminous literature about trichomoniiasis, the association of chronic trichomonas infection and epithelial dysplasia is well known. Such an association has its parallel in the histopathological findings of the vulva affected by VVS.2 Trichomones more frequently colonise Caucasians and women aged between 20 and 30 years, which corresponds to the incidence of VVS. Monogamous sexual relations associated with monostrain trichomona infection (constant family isolate with stable antigenic battery and accommodated woman’s immune apparatus) erode to a lesser extent the host-immunity, so enabling competent interspecific antitrichomonal cross-immunity. Aggressive vulvar hygiene with consecutive skin erosions, facilitates contact between host immune forces and trichomona antigens (released intracellular proteases).

The very close relation of VVS with extragenital trichomoniiasis in my patients is probably the consequence of host-parasite interaction on the basis of antitrichomonal immunity, which fails to clear up focal infection but which often successfully disables colonisation of trichomonas on distant mucous surfaces. Interspecies immunity may explain the absence of those parasites in the genitals of women affected by VVS although clinical symptoms and the pathological picture suggest their involvement. The results of this small series and the proposed concept suggest the need of detection/eradication of sexual partner’s sperm trichomoniiasis and extragenital trichomoniiasis infections in VVS patients.

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Large loop excision of the transformation zone (LEEPZ) or loop diathermy

Loop diathermy is a popular method of treatment for cervical intra-epithelial neoplasia (CIN) in gynaecology. There are a small but increasing number of operators who use this method in clinics of gynecological medicine. I write to report some of the findings on the past 100 patients, who have completed at least
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