Letters to the Editor


Accepted for publication 27 September 1993.

Screening for genital Chlamydia trachomatis infection in female patients

Chlamydia trachomatis is a major sexually transmitted pathogen with consequent serious morbidity such as pelvic inflammatory disease, tubal occlusion, and infertility in women. The prevalence varies in different parts of the world.1,2 The usual site chosen to screen for this pathogen is the cervix.3 In our clinic, we report the findings from our Department of Genitourinary Medicine in Sunderland, Tyne and Wear, United Kingdom.

Between the period of 1 January 1991 and 31 December 1991, 1461 women were screened (for sexually transmitted diseases). The ELISA method (Chlamydizyme) was used in screening for Chlamydia trachomatis, while Gram stain and culture were used for the detection of gonorrhoea.

The results in the table showed that 116 patients were positive for Chlamydia trachomatis, while five patients had both conditions. Among the 11 patients with only urethral Chlamydia trachomatis eight (72%) were asymptomatic.

Infection of the female urethra by Chlamydia trachomatis has been previously reported.5-6 The female urethra is about 4 cm long and various ducts open into its lumen. Of particular importance are the ducts of Skene's glands and ducts which are lined by columnar epithelium.

The positive yield of Chlamydia trachomatis from the urethra alone in our clinic was 9-5%.

The implications of this result are threefold. First, colonisation of the female urethra by Chlamydia trachomatis may contribute to some patients being diagnosed with female urethral syndrome. In this condition, the patient has increased frequency of micturition, dysuria, but no significant bacteriuria. It is advisable to exclude Chlamydia trachomatis from the urethra of such patients. Secondly, the urethra may serve as a reservoir of infection despite a negative result from the cervix. The infection may subsequently be transmitted to the male partner. Thirdly, failure to screen the urethra may be responsible for some patients whose symptoms persist, despite negative results.

We recommend that the urethra be screened for Chlamydia trachomatis.

A A OPANEEVE
K M SARAVANA MUTTU
S RASHID
Department of Genitourinary Medicine, Sunderland District General Hospital, Kayll Road, Sunderland, SR4 7TF, UK

Address correspondence to: Dr A A Opaneye

2 Winter L, Gu YG, Baer C. Seroprevalence and epidemiologic correlates of Chlamydia trachomatis in rural and urban populations. Sexually Transmitted Disease 1990;7:30-6.
5 Dunlop EMC, Hare MJ, Darougar S, Theharre JD, Dywer RC. Isolation of chlamydia from the urethra of a woman. BMJ 1972;3:836.

Accepted for publication 10 December 1993

HIV seroprevalence among eunuchs

Eunuchs (hijras) and their existence is well described in ancient Indian texts.1 In India, hijras are seen as a "third gender" role which is neither male nor female but contains elements of both. He is an intersexed impotent man

Number of patients with positive findings from different sites

<table>
<thead>
<tr>
<th>Location</th>
<th>Chlamydia</th>
<th>Gonorrhoea</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 116</td>
<td>n = 22</td>
<td>p Value</td>
</tr>
<tr>
<td>Urethra only</td>
<td>11 (9-5)</td>
<td>1 (4-5)</td>
</tr>
<tr>
<td>Cervix only</td>
<td>70 (60-3)</td>
<td>6 (27-3)</td>
</tr>
<tr>
<td>Urethra and cervix</td>
<td>1 (50-0)</td>
<td></td>
</tr>
<tr>
<td>Cervical involvement (2 + 3)</td>
<td>105 (90-5)</td>
<td>18 (81-8)</td>
</tr>
<tr>
<td>Urethral involvement (1 + 3)</td>
<td>46 (39-7)</td>
<td>14 (61-8)</td>
</tr>
<tr>
<td>Rectal involvement</td>
<td>7 (31-8)</td>
<td></td>
</tr>
<tr>
<td>Pharyngeal involvement</td>
<td>9 (50-0)</td>
<td>3 (15-6)</td>
</tr>
</tbody>
</table>

Among the 11 patients with urethral chlamydia alone, 8 (72%) were asymptomatic.

Downloaded from http://sti.bmj.com/ on December 23, 2017 - Published by group.bmj.com
Screening for genital Chlamydia trachomatis infection in female patients.

A A Opaneye, K M Muttu and S Rashid

*Genitourin Med* 1994 70: 71
doi: 10.1136/sti.70.1.71

Updated information and services can be found at:
http://sti.bmj.com/content/70/1/71.1.citation

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/