significant improvement in the sensitivity of endocervical smears adopting a similar approach.

Re-reading original slides in "slide negative" but culture positive cases is essential as these often represent the most difficult slides to interpret. Dr Evans' letter demonstrated that re-reading of "negative" slides by an experienced microscopist in a non-clinic setting showed 64% were wrongly reported initially. This means storage facilities should be available to keep all patient slides for at least a week. Good communication between doctors and microscopists is essential to highlight which slides are most likely to be positive to allow more time for selective slide-reading.

It is well recognised that the performance of any microbiological test decreases when the prevalence rate of the corresponding disease diminishes. The decreasing prevalence of gonorrhoea in the UK places even greater difficulty in ensuring that accuracy in slide-reading is kept at acceptable levels. A combination of continual staff training, regular audit of microscopy and collaboration between microbiology and GUM clinic staff with checking of presumptive negative and positive smear results mandatory if a high diagnostic standard is to be achieved.

D A LEWIS
Department of Medical Microbiology, Royal London Hospital
G E FORSTER
B T GOH
Department of Genitourinary Medicine, Royal London Hospital

Address for correspondence: Dr D A Lewis, Department of Genitourinary Medicine, The Jeffersis Wing, St Mary's Hospital, Praed Street, London W2 1NY, UK


Kaposi sarcoma in Germany

Albrecht et al's report of cases of Kaposi's sarcoma in HIV-infected women provides further substantial evidence, from the western hemisphere, for a putative sexually transmissible aetiologic agent of KS. Unlike previous reports which were based on data from homosexual men, their's suggests that the agent could be transmitted heterosexually and, therefore, lends itself to comparison with experience from some parts of Africa where KS and HIV infection are both common in heterosexuals, separately and concurrently. Moreover, they imply that two of their patients, who were of African origin and had recently come from there, could have acquired the KS agent from Africa.

One of us has previously pointed out that the epidemiology of KS in Africa is not consistent with a sexually transmissible aetiology as suggested by Albrecht et al and other studies from western countries. We find the evidence for sexually transmissible aetiologies generated from Western data quite appealing; and the disparity with African data very intriguing. It has been suggested that the fact that the African countries with a high incidence of HIV infection generally also have high incidence of KS; and that patients with AIDS-related KS and those with non-AIDS KS have comparable risk factors for sexually transmitted infections, argue for a putative sexually transmissible aetiology for KS. However, the lack of concordance for KS among couples with AIDS-related and non-AIDS KS in Ugandan and Zambian cohorts suggest sexual transmission. A report of a putative aetiology is either unlikely or inefficient for reasons yet unknown. In addition, the occurrence of KS in sexually inactive African children casts further doubt on the importance of a sexually transmissible agent, at least in Africa.

We agree with Albrecht et al on the need for further studies of HIV-related KS in women. In addition, detailed studies of KS in other subgroups where its incidence is high could also yield useful insights into the aetiology of this enigmatic disease.
The falling accuracy of microscopy in the diagnosis of gonorrhea--a cause for concern?

D A Lewis, G E Forster and B T Goh

doi: 10.1136/sti.71.2.136

Updated information and services can be found at: http://sti.bmj.com/content/71/2/136.1.citation

These include:

**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/