Pseudomonas aeruginosa infections and HIV

Ali, et al 1 provide an interesting overview of their experience over a five year period with pseudomonas infections in HIV seropositive patients. Their report of an increase in the frequency of both pneumonic and septicaemic illness due to this organism coincides with other recent studies. Two points arise however, which merit further discussion. A report from this centre is incorrectly referred to2 as illustrating that pneumonias due to Staphylococcus aureus and pseudomonas acquired gram-negative organisms occur with increased frequency in patients with indwelling central venous catheters (CVCs). In fact, what the quoted study demonstrated was an increased frequency of both pseudomonas as an isolate in the blood cultures of HIV seropositive patients with septicaemia (found in 19 of 52), especially those with indwelling CVCs; in only two of these patients was pseudomonas isolated. As the authors note, the affected patient group were all in the advanced stages of HIV disease with low CD4 counts. Not surprisingly therefore, the vast majority were also on Pneumocystis prophylaxis (or not). However, without showing an increased risk for this group over a similarly severely immunosuppressed matched group not taking PCP prophylaxis (which for obvious reasons would be difficult to gather), this conclusion cannot be drawn. The low CD4 count, on the other hand, may be the relevant variable.

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Among the women attending with genital warts there was a significant excess of smears showing "superficial dyskaryosis". None of these women had evidence of high grade CIN and certainly none of them had cervical cancer. All of the more severe cytological abnormalities occurred in women with trichomomas and gonorrhoea.

Having completed a preliminary study, two of the authors returned to Italy where they conducted a more rigorous study3, which demonstrated no evidence of an association between genital warts and subsequent cervical cancers during the same cervical cancer. Ever since discovering the second negative paper it has always amazed me how widely quoted is the first paper by these authors, whilst the second is almost universally ignored. Is it because the first paper was in a British journal and the second one in an American journal? Did the first paper have a "snappier title" Or was it because the first paper confirmed people's prejudices and the second didn't? The original findings of an association was further refuted by our own work.

Could it be that the myth of genital warts needs the same treatment as the other myth about cervical cancer—"It has been around for 150 years now and it can't occur in virgins"—finally debunked in 1992?

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Carcinoma of the penis: A cluster of cases in young men

The authors of the recent article Carcinoma of the penis in a HIV positive patient1 emphasise that this malignancy is rare in the immunocompetent population, especially in young men. Indeed, in 1989 (the most recent year for which figures are available)2 there were only 45 notified cases in men under the age of 50 years in England and Wales.

It may therefore be of interest to report that recently, in the space of seven months, no fewer than four apparently immunocompetent men presented to this department within one year with ulcerating lesions, with wholly unsuspicous of malignancy. The men's ages ranged from 34 to 48 years. Although none had a HIV test, they were all heterosexual with no high risk factors for HIV infection. Two of the four had clinical appearances suggestive of lichen sclerosus, a third had a history of genital warts and all were uncircumcised.
