strains), and 2·0 mg/l (1 strain). The level of ciprofloxacin resistance (16 mg/l) in Case 2 is exceptionally high although the same level of resistance was previously found in a serovar IB3, auxotype PA, PPNG strain isolated in Liverpool from a patient who had acquired his infection in Spain. 3

These cases highlight the importance of importation of ciprofloxacin resistant strains which should be taken into account in selection of therapy for patients who may have acquired their infections outwith the UK or in areas with a high level of penicillin resistant gonococci. In Japan, where fluoroquinolones have been widely used as first-line therapy for gonorrhoea for several years the decrease in the susceptibility of gonococci to quinolones has been so rapid that fluoroquinolone resistance in gonorrhoea may be a new worldwide problem complicating the treatment of gonococcal infections. 4

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Prevalence of antibodies to HIV-1 and HIV-2 in women attending a sexually transmitted disease clinic in Luanda, Angola

North and East Angola border on countries such as Congo, Zaire and Zambia that show a high incidence of AIDS. In these regions, as in most African countries, the spread of HIV is mainly via the heterosexual route and is more prevalent in urban areas than in the rural ones. At present, few data are available on HIV viruses spread in Angola. 1 2

In order to depict the diffusion of HIV-1 and HIV-2 infections in an urban area of Angola, we performed a retrospective survey on 400 females attending the outpatient clinic of Matemidade Lucrecia Paim in Luanda during July and August 1992 and presenting with symptoms of sexually transmitted diseases. Patients were submitted to gynaecological examination and blood sample collection. The presence of vaginal or cervical ulcers was found in 51 out of 400 women (12·75%). Sera from blood samples were submitted to HIV-1 and HIV-2 ELISA (Murex). Nineteen out of 400 (4·75%) showed a positive or equivocal result. These sera were further assayed by Western blot (Diagnostic Biotechnology) kit to detect the pattern of antibodies against HIV-1 and HIV-2 (table). Eight out of 19 sera showed a typical HIV-1 pattern, the others were negative (3/19) or indeterminate (8/19).

None out of eight HIV-1 positive samples met the criteria for HIV-2 positivity (presence of 2 anti env antibodies) when assayed by HIV-2 Western blot, but most of them were positive for the HIV-2 core proteins. Among the three sera negative for HIV-1 antibodies, two evidenced antibodies against both p26 and gp41 and one against p26 HIV-2 proteins. The eight indeterminate sera showing a single antibody against core (6/8) or pol (1/8) or env (1/8) HIV-1 proteins, were also indeterminate for HIV-2 tests showing the presence of p26 (6/8) or both p26 and gp41 (2/8) HIV-2 proteins. The presence of at least one antibody against HIV-2 in all sera submitted to Western blot remains to be clarified since the anomaly in testing African sera has been reported. 3 All indeterminate sera were further analysed by Western blot for antibodies against HTLV-1 and HTLV-2. A slight reactivity to core proteins were highlighted in three sera only.

Our data indicate that four out of eight (50%) HIV-1 positive women showed vaginal or cervical ulcers, whereas among the indeterminate ones only four out of 14 (28%) showed vaginal or cervical ulcers. These ulcer prevalences are much higher than that found in the
Anaphylaxis due to liposomal amphotericin (AmBisome)

As patients with AIDS are living longer, increasing numbers are developing systemic infections with Cryptococcus neoformans necessitating intravenous amphotericin therapy.

Liposomal amphotericin B (AmBisome) is a recently introduced preparation and is claimed to be less commonly associated with adverse effects than conventional amphotericin B. It is therefore a reasonable alternative to use in patients with systemic fungal infection where conventional amphotericin B has been previously associated with renal toxicity.

Two cases of anaphylaxis due to liposomal amphotericin in patients who were not allergic to amphotericin have recently been described. We report a further case of anaphylaxis occurring in a patient being given his first injection of AmBisome for treatment of cryptococcal meningitis.

A 28 year old male patient who had been diagnosed HIV positive 9 years previously was admitted with a week’s history of headache, photophobia and vomiting. Cryptococcal meningitis had been successfully treated 9 months previously with conventional intravenous amphotericin B. Subsequently, the patient was maintained on fluconazole but relapsed six months later. Initially, this was treated with intravenous amphotericin B. However, signs of renal toxicity, as shown by rising creatinine and urea, developed after two days and fluconazole was substituted. The patient recovered and again was maintained on fluconazole. After a further month this was changed to itraconazole because of nausea due to fluconazole.

On admission, medication included dapsone 50mg daily, pyrimethamine 50mg weekly, and itraconazole 400mg daily. CT of the brain was normal and examination of CSF showed 22 white blood cells/mm³ (the majority were lymphocytes) and two yeast cells. Both CSF and serum were positive for cryptococcal antigen. Relapse of cryptococcal meningitis was diagnosed and intravenous liposomal amphotericin B (AmBisome) at a dose of 1mg/kg was commenced. Within seconds of starting the infusion the patient vomited and complained of epigastric pain and abdominal tightness. Bronchospasm, facial flushing and sweating were noted. The infusion was immediately discontinued and symptoms settled within 4 hours. Subsequent treatment comprised of flucytosine and itraconazole and the patient made an uneventful recovery.

It is well recognised that HIV positive patients have a higher incidence of adverse drug reactions compared with the general population and these cases further highlight the need for care to be taken when giving medication to this group of patients.

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Pre-treatment with hydration and electrolytes may prevent dose limiting toxicities during foscarnet induction therapy

Foscarnet (Foscavir, Astra Pharmaceuticals) has been used for the treatment of...
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