Epidemiology of genital chlamydial infections in patients with chlamydial conjunctivitis; a retrospective study

E J Postema, L Remeijer, W I van der Meijden

Objective: To determine how often chlamydial conjunctivitis is accompanied by a genital chlamydial infection and if there is a correlation between the dominant hand and the eye first infected.

Methods: We retrospectively studied the records of 65 patients with chlamydial conjunctivitis who were referred to the Outpatient Department of Sexually Transmitted Diseases (STD) of the University Hospital Rotterdam by ophthalmologists of the Eye Hospital Rotterdam. The patients have recently been asked by letter if they were left- or right-handed.

Results: Twenty of the 37 men (54%) had a positive chlamydial urethral culture. Seventy per cent of these men had no genital symptoms. Eight of the 37 men (22%) had a non-specific urethritis (NSU). Twenty of the 27 women examined (74%) had a positive chlamydial cervical culture. Sixty per cent of these women had no genital symptoms. Eight women with a genital chlamydial infection also had another genital infection. Five women without a genital chlamydial infection had another genital infection. Two women had no genital infection at all. A correlation between the eye infected and left- or right-handedness of the patient could not be found.

Conclusions: A considerable percentage of the patients with a chlamydial conjunctivitis had a concomitant genital chlamydial infection. The majority of them had no genital symptoms. Since patients with chlamydial conjunctivitis and/or their partners possibly have a concomitant genital chlamydial infection, we recommend referral of both patients and sexual partners to an STD clinic for routine examination and systemic treatment when indicated.

Keywords: Chlamydia trachomatis; STD; conjunctivitis

Introduction

About 0.3–2%1–4 of the genital infections with Chlamydia trachomatis are complicated by a chlamydial eye infection. Inclusion conjunctivitis is the most common form of an eye infection caused by C trachomatis serovars D-K. It normally presents as a chronic follicular conjunctivitis with mucopurulent discharge, redness and foreign-body sensation.5 6 This conjunctivitis is not sight threatening. It is assumed that this chlamydial conjunctivitis is the result of autoinoculation of the eye by infected genital secretion.4 6 10 As many patients with a chlamydial conjunctivitis have no genital symptoms,6 11 the chlamydial eye infection could be the only sign of a genital infection with C. trachomatis.

The complications of untreated genital chlamydial infections are serious.12 13 Therefore we wanted to determine how often patients with chlamydial conjunctivitis have a concomitant genital chlamydial infection. Since it is likely that the hand transmits the infected genital secretion to the eye, we also wanted to find out if there is a correlation between the eye which was infected first and the patient’s dominant hand, as described by Insler et al.6

Methods

We retrospectively studied the records of all 65 patients with chlamydial conjunctivitis who visited the Outpatient Department of Sexually Transmitted Diseases (STD) of the University Hospital Rotterdam during the period of 1 October 1989 to 1 October 1994. These patients were referred by consultants of the Eye Hospital Rotterdam. All patients had a positive ocular chlamydial culture and/or immunofluorescence (IF) test. At the Outpatient STD Department urethral smears were taken in male patients. In female patients samples from the cervix were taken.

The 65 patients have recently been asked by letter if they would let us know whether they were left- or right-handed.

Results

During the period mentioned 88 adults and adolescents with a chlamydial ocular infection visited the Eye Hospital Rotterdam. Sixty-five of them (74%) also visited the Outpatient STD Department. Thirty-seven of the 65 patients (57%) were men, 28 (43%) were women. The age of the male patients was 18–56 years (mean 27·4; median 24·2). The age of the female patients was 15–51 years (mean 23·4; median 20·0).

Fifty-four per cent (20/37) of the men with a chlamydial conjunctivitis had a positive chlamydial urethral culture. Six of these 20 men (30%) had genital complaints, such as dysuria and/or urethral discharge. Fourteen (70%) had no genital complaints. Eight of the 17 men without a positive chlamydial urethral sample, ie 22% (8/37) of all men had a non-
conjunctivitis and Trichomoniasis conjunctivitis

Table 1  Current STD diagnoses among women

<table>
<thead>
<tr>
<th></th>
<th>Genital chlamydial infection</th>
<th>No genital chlamydial infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhoea</td>
<td>1 (5%)</td>
<td></td>
</tr>
<tr>
<td>Condylomata acuminata</td>
<td>2 (10%)</td>
<td>1 (14%)</td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>1 (5%)</td>
<td></td>
</tr>
<tr>
<td>Vaginal candidosis (BV)</td>
<td>1 (5%)</td>
<td>1 (14%)</td>
</tr>
<tr>
<td>Bacterial vaginosis</td>
<td>3 (15%)</td>
<td>2 (29%)</td>
</tr>
<tr>
<td>Trichomoniasis and BV</td>
<td></td>
<td>1 (14%)</td>
</tr>
<tr>
<td>No (concomitant) genital infection</td>
<td>12 (60%)</td>
<td>2 (29%)</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 2  Correlation between the eye infected with C trachomatis and left- or right-handedness of the patient

<table>
<thead>
<tr>
<th></th>
<th>Right-handed</th>
<th>Left-handed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unilateral conjunctivitis right</td>
<td>8 (27%)</td>
<td>2 (40%)</td>
</tr>
<tr>
<td>Unilateral conjunctivitis left</td>
<td>6 (20%)</td>
<td>2 (40%)</td>
</tr>
<tr>
<td>Bilateral conjunctivitis started right</td>
<td>3 (10%)</td>
<td>-</td>
</tr>
<tr>
<td>Bilateral conjunctivitis started left</td>
<td>5 (17%)</td>
<td>1 (20%)</td>
</tr>
<tr>
<td>Bilateral conjunctivitis not specified</td>
<td>8 (27%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>5</td>
</tr>
</tbody>
</table>

Discussion

A large proportion of the men and women with a chlamydial conjunctivitis (54% and 74%, respectively) had a concomitant genital chlamydial infection. Other studies have found genital chlamydial infection rates of 45–61% in men and 56–90% in women. Although we assumed that the eye infection was the result of autoinoculation with infected genital secretion, a genital infection with C trachomatis could not be proven in 38% (24/64) of our patients.

There are some possible explanations for this discrepancy. Stenberg and Mårdh suggest that the genital infection may heal before the eye infection begins. We found a mean delay of over two weeks between the first visit to the Eye Hospital and the first visit to the STD Department. There was also a difference between the mean time taken to attend the STD Department for those with positive versus those with negative genital chlamydial samples. Both findings contribute to the relevance of Stenberg's hypothesis.

Another explanation might be the use of antibiotics prior to genital sampling. Two men and two women had been given a prescription for doxycycline by the ophthalmologist prior to their visit at the STD Department. The genital samples taken appeared to be negative for C trachomatis.

Sexual partners of patients with chlamydial conjunctivitis might be infected genitally, without the patients themselves being infected genitally. There could be transmission of infected genital secretion of the partner to the patient's eye. Eye-to-eye infections (with infectious material from the eyes of partners or relatives) have been described.

Since chlamydial culture techniques and IF tests were used instead of very sensitive techniques like polymerase chain reaction (PCR), the possibility of false negative genital samples cannot be excluded. Finally, we may not exclude the possibility of false positive conjunctival samples, although this is very unlikely.

The hand probably plays a crucial part in the transmission of C trachomatis to the eye. Neither we nor Stenberg and Mårdh were able to find a correlation between the dominant hand and eye infection on the ipsilateral side, as reported by Insler et al.

Considering the strong association between chlamydial eye and genital infections, any physician treating a patient with a chlamydial conjunctivitis should consider the probability of a genital infection in this patient and/or in the sexual partner(s). Especially the general practitioner and ophthalmologist are important in this respect. We recommend referral of patients (and sexual partners) to an STD Clinic for investigation and treatment of chlamydial and other genital infections.

Treatment of genital and ocular chlamydial infections should be systemic. In our STD Department treatment (of non-pregnant patients) consisted of doxycycline 100 mg twice a day for 7 days. At present treatment consists of azithromycin 1 gram as a single dose. Pregnant women are treated with erythromycin 500 mg four times a day for 7 days. Eye symptoms can be treated locally with tetracycline ointment, but also react well to systemic treatment.
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