LOCAL PENICILLIN IN LYMPHOGRANULOMA INGUINALE

BY

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Most observers agree that penicillin is of little benefit when administered systemically in cases of lymphogranuloma inguinale, though Willcox (1946) reports good results in 2 patients. The following case would suggest, however, that penicillin may prove of value when administered locally in this condition.

Case History

The patient, a European male aged 30, was admitted with the complaint of a painful swelling of 1 week's duration in the left groin. He had no past history of venereal disease, but admitted sexual exposure with a native woman 2 weeks before admission, and also several months previously.

On examination he was found to have a tender, indurated, non-fluctuant swelling of the left inguinal glands, with redness of the overlying skin. There were no penile sores, no scars, and no urethral discharge, and the urine was clear. He was also found to be infested with pediculi pubis, but no cutaneous lesions were found in the genital area or on the lower left limb to account for the adenitis. No Frei test antigen was available for confirmatory diagnosis, but clinically the condition presented all the features of the adeno-periadenitis typical of lymphogranuloma inguinale.

Treatment was as follows:

No. of days in hospital	
1 ..	Course of sulphanilamide started (5 g. daily for 5 days) with injections of anthiomaline (2 c.cm. on alternate days).
5 ..	Course of sulphanilamide completed. Anthiomaline continued.
11 ..	Glands fluctuant. 5 c.cm. of viscid pus aspirated. Laboratory report: smear, pus cells +, no organisms, culture sterile.
12 ..	A further 7 c.cm. pus withdrawn.
17 ..	Overlying skin broke down, leaving an abscess cavity with undermined edges. Anthiomaline continued. Flavine dressings locally.
24 ..	No improvement. Anthiomaline continued. Eusol and sulphanilamide powder locally.

No. of days in hospital	
28 ..	White blood count 5,000/c.mm. Course of sulphamethazine started (5 g. daily for 5 days). Anthiomaline continued.
40 ..	Anthiomaline discontinued. Brilliant green locally.
42 ..	No improvement. Magnesium sulphate dressings locally.
54 ..	Further culture of pus from sinus revealed <i>Staphylococcus aureus</i> only. Ultra-violet light therapy instituted. Mercury perchloride 1/4,000 locally.
66 ..	No improvement.
68 ..	Penicillin solution (1,000 units per c.cm.) applied locally by means of a dropping pipette.
82 ..	Almost healed.
85 ..	Fit for return to full duty.

Whether the *Staphylococcus aureus* found in the pus from the sinus was an actual factor in retarding the process of healing or was present merely in the role of secondary contaminant is uncertain, but the response to penicillin applied locally was dramatic. At the present time the site of the sinus is completely healed and scarring is minimal.

Further satisfactory results have been obtained by us in two other European patients following the injection of penicillin in identical strength through the same needle left *in situ* after aspiration of the abscess cavity.

Summary

A case of lymphogranuloma inguinale is described which responded immediately to local penicillin therapy after two courses of sulphonamide drugs, one course of 14 injections of anthiomaline, repeated sessions of ultra-violet light irradiation, and a large variety of local antiseptics had failed to produce any appreciable improvement.

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REFERENCE

Willcox, R. R. (1946). *Brit. J. vener. Dis.*, 22, 63.