Gonorrhoea in patients with scabies

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Summary

242 patients with scabies were examined for gonorrhoea at the Municipal Hospital of Copenhagen over a one-year period. We found asymptomatic gonorrhoea in 2 per cent. of the male patients and 12 per cent. of the female patients. The incidence of gonorrhoea in female patients with scabies is thus higher than in other routinely examined groups of patients (Andersen and Nielsen, 1974; Gregersen, 1972; Hansen and Lange, 1973; Nielsen, 1974; Starck, Bygdeman, Eriksson, Heinerz, and Moberg, 1971). Our suggestion is that all patients with scabies, male as well as female, should be examined routinely for gonorrhoea.

Introduction

Since 1963 all men with scabies have been examined for gonorrhoea in the venereological and dermatological clinic at the Municipal Hospital of Copenhagen. This was done because the scabies mite is often sexually transmitted, and because examination of male patients is easily accomplished. Gonococcal urethritis has been demonstrated in 2 to 5 per cent. of men, all of whom were asymptomatic (Kvorning, 1976).

In 1974 a 17-year-old woman with fever and arthritis was admitted to a medical department at the Municipal Hospital of Copenhagen. Gonococcal urethritis and cervicitis were found in our clinic. Gonococcal arthritis was also suspected because the symptoms disappeared with antibiotic treatment. The patient had consulted the dermatology clinic 2 weeks previously and there scabies had been diagnosed.

This patient drew our attention to the possible value of routinely examining female patients with scabies for gonorrhoea.

Material and methods

In a one-year period (Sept. 1 1974 to Aug. 31 1975) all patients over 14 years of age in whom a living scabies mite was demonstrated (a total of 318 patients) were offered examination for gonorrhoea.

Swabs from the urethra, rectum, and tonsils, and in women from the cervix also were taken with a sterile charcoal-impregnated cotton-wool swab. The specimens were transported in Stuart's medium to the State Serum Institute, Copenhagen, for final culture and identification. Cultures were made on a Thayer-Martin medium (Reyn and Bentzon 1972), and the final identification was made by immunofluorescence (Lind, 1975).

Results

The age and sex distribution of the 318 (128 female and 190 male) patients are shown in Table I. Most of the patients (62 per cent.) belonged to the 15 to 29-year age group.

TABLE I *Age and sex of 318 patients with scabies*

Age (yrs)	Sex			
	Female		Male	
	No.	Per cent.	No.	Per cent.
0-14	31	10	11	3
15-29	74	23	122	39
30-49	17	5	44	14
>50	6	2	13	4
Total	128	40	190	60

318 patients entered the study, but 76 were not examined; 42 were under 14 years of age and 34 refused examination. Of the whole series of 242 patients examined, twelve (5 per cent.) had gonorrhoea.

Of the 166 men, three (2 per cent.) had gonorrhoea and all were asymptomatic.

Of the 76 women examined, nine had gonorrhoea (Table II); this equals 12 per cent. (confidence limit 95 per cent.: 6-21 per cent.). Seven of the nine women had no symptoms and the other two had a vaginal discharge; one also had abdominal pain.

Blood was taken for the cardiolipin Wassermann reaction, and the Kahn and Meinicke tests from 236

TABLE II *Female patients with scabies and gonorrhoea*

Age (yrs)	Site of positive culture	Symptoms
16	C	—
16	U, C, R	—
24	C, R	—
31	C	—
15	R	—
23	U	—
21	U, C	—
24	C, R	Discharge
17	U, C, R	Discharge and abdominal pain

patients. Two of these gave positive results. One of them had been treated for syphilis; the other was a biological false positive reaction.

Discussion

It is a general observation that gonorrhoea in females is often present without subjective symptoms (Kvorning, 1971). Therefore a routine examination for gonorrhoea should be performed in women who have a high risk of exposure to infection and who would not otherwise be diagnosed and treated.

The value of routine examination for gonorrhoea has previously been demonstrated in women consulting contraceptive clinics and gynaecological departments, but we have found no previous reports of routine examination for gonorrhoea in patients with scabies.

In this study gonorrhoea was found in 2 per cent. of the male patients and 12 per cent. of the female patients with scabies.

In the literature we have found no directly comparable results, but Wallin (1975) showed that

patients suffering from scabies in a VD Clinic in 1972 had a higher frequency of gonorrhoea than other venereological patients. Three studies from Danish gynaecological departments (Andersen and Nielsen, 1974; Gregersen, 1972; Hansen and Lange, 1973), showed an incidence of gonorrhoea between 1.3 and 2.8 per cent. Investigations from contraceptive clinics in Sweden (Starck, Bygdeman, Eriksson, Heinerz, and Moberg, 1971) and Denmark (Nielsen, 1974) showed an incidence of gonorrhoea of 1.5 and 3.1 per cent. respectively.

The 12 per cent. incidence of gonorrhoea in female patients with scabies in this study is thus higher than in these previously reported routinely examined groups.

We therefore suggest that routine examination for gonorrhoea should be performed in all female patients with scabies.

Whether routine examination of gonorrhoea should also be performed in male patients is open to discussion, but we think it reasonable to undertake the necessary investigations which are simple to perform.

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