place of ciprofloxacin in the treatment of NGU.

Yours faithfully,
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Reference

1. Shahmanesh M, Shukla SR, Philips I, Westwood A, Thin RN. Ciprofloxacin for treating urethral gonorrhoea in men. *Genitourin Med* 1986;62:86-7.

TO THE EDITOR, *Genitourinary Medicine*

Clotrimazole pessary compared with cream in treating women with vaginal candidosis

Sir,

Recent concern about the use of oral ketoconazole for the treatment of vaginal candidosis^{1,2} means that topical preparations must now be favoured. Though several highly effective topical imidazoles are available, it has become clear that the ultimate success of treatment largely depends on patient compliance and the acceptability of the preparation.³

Patient compliance can now be ensured by administering single doses of drugs (such as clotrimazole and isoconazole), and a recent survey suggested that when given a choice of topical treatments many patients prefer a cream to the more widely prescribed pessaries.⁴ A single dose clotrimazole 10% vaginal cream in a prefilled applicator has recently been developed, which has been shown to be as effective as multiple dose regimens. (Loendersloot EW *et al*, unpublished observation.)⁵ We therefore had the chance to directly compare patient acceptability and preference for cream or pessary formulations using the new single dose clotrimazole 10% cream and the established single dose clotrimazole 500 mg pessary.

We treated patients attending two genitourinary clinics with clinical signs and symptoms suggestive of vaginal candidosis. Patients entering the study were randomised into two groups. Group A administered an active pessary on night 1 and a placebo cream on night 2. Group B administered the

active cream on night 1 and the placebo pessary on night 2. All patients were then asked to complete a simple questionnaire on night 3.

Of the 93 patients available for analysis, 21 preferred the pessary, 43 preferred the cream, and 29 expressed no preference. This result was significant in favour of the cream ($p < 0.01$). Specifically, the cream relieved itching faster ($p < 0.05$), though it was also more messy ($p < 0.01$).

The preference for cream was stronger among women who had been treated previously for vaginal candidosis. This may be a particularly important consideration in obtaining maximum patient compliance in patients with recurrent vaginal candidosis who require repeated courses of treatment.

Yours faithfully,
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References

1. Professor Sir Abraham Goldberg. *Oral ketoconazole and liver damage*. London: Committee on the Safety of Medicines (warning letter from Chairman, CSM), 1985.
2. Hay RJ. Ketoconazole: a reappraisal. *Br Med J* 1985;290:260-1.
3. Clayton YM. Antifungal drugs in current use. *Proc Roy Soc Lond [Biol]* 1977;70:15-7.
4. Tooley PJH. Patient and doctor preferences in the treatment of vaginal candidosis. *Practitioner* 1985;229:655-60.
5. Cohen L. Treatment of vaginal candidosis using clotrimazole vaginal cream: single dose versus 3-day therapy. *Curr Med Res Opin* 1985;9:520-3.

TO THE EDITOR, *Genitourinary Medicine*

Immunotherapeutic effect of lactobacillus vaccine, SolcoTrichovac

Sir,

In the paper by Gombosova *et al* the authors state that the immunotherapeutic effect of our lactobacillus vaccine, SolcoTrichovac, is not mediated by antibodies cross reacting with *Trichomonas vaginalis*.¹ We would like to comment on this paper as follows:

1) The conclusions of the paper are based on analysis of an unacceptably low number of postimmunisation sera (two human and two rabbit sera). Analysing these sera four to six times does not improve the statistics. Our hypothesis was based on analysis of a large number (≥ 100) of rabbit and human sera from clinical trials.^{2,3}

2) The analysed postimmunisation sera showed very low titres of homologous anti-lactobacillus antibodies. From analysis of large numbers of human sera⁴ we know that the seroconversion rate is high and the average homologous antibody titre clearly exceeds the level given by Gombosova *et al*. Based on our experience we claim that the sera analysed by Gombosova *et al*¹ had too low homologous antibody titres to make them suitable for further analysis, even if we do not know the exact correlation in sensitivity of the methods of analysis used by the authors and ourselves. As stated elsewhere,³ high quality postimmunisation sera are needed to detect antibody reacting with *T vaginalis*.

The hypothesis on the mechanism of action of our lactobacillus vaccine SolcoTrichovac, as originally presented by Stojkovic,² might not be sufficient to explain the clinical efficacy of the vaccine in treating both trichomoniasis⁵ and non-specific bacterial vaginitis.⁶ We are currently investigating the immunogenic action of the vaccine at the level of B and T lymphocytes. From points 1) and 2), however, the analysis of only two rabbit and two human sera of low quality cannot entitle Gombosova *et al* to draw their conclusions, and the subsequent interferences about the possible mechanism of action are therefore of little value.

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References

1. Gombošová A, Demēs P, Valent M. Immunotherapeutic effect of the lactobacillus vaccine, SolcoTrichovac, in trichomoniasis is not mediated by antibodies cross reacting with *Trichomonas vaginalis*. *Genitourin Med* 1986;62:107-10.
2. Stojkovic LJ. New evidence elucidating the mechanism of action of Gynatren/SolcoTrichovac. *Gynäkol Rundsch* 1984;24 suppl 3:29-37.
3. Stojkovic LJ, Bossart W. New concepts concerning the mechanism of action of SolcoTrichovac. In: Kulda J, Cerkasov J,