Table Results of colposcopic examination of women with genital warts/wart contact and negative cytology

	NTZ/NEG.B	HPV	CIN1	CIN2	CIN3
Genital warts n = 248	157 (63.3)	34 (13.7)	25 (10)	25 (10)	7 (3)
Contact with Genital warts n = 12	8 (66.7)	0	2 (16.7)	1 (8.3)	1 (8.3)

(percentage in parenthesis).

had negative cervical cytology. At colposcopic examination, 122 of these women had abnormal cervical histology. (table).

Overall, there was a 23.4% false negative cytology rate, with 34 (13%) women having major cervical pathology (CIN 2 + 3). These women's pathology would have gone undetected if colposcopy had not been performed.

We feel that our results strengthen the argument for colposcopic examination of women with genital warts. Within the 60 genitourinary medicine clinics who have colposcopy facilities in England and Wales,² 31 clinics routinely colposcope women with genital warts, four those with only cervical warts and 21 those women who have been in contact with genital warts, irrespective of their cervical cytology.

A recent survey of colposcopy services in the UK,³ carried out by the British Society of Colposcopy and Cervical Pathology, did not mention genital warts as being an indication for colposcopy.

If national guidelines are to be established for colposcopy within both genitourinary medicine and gynaecology, then there must be discussion and co-operation between the two disciplines. The national co-ordination network has held workshops addressing these issues, and guidelines may be issued in the near future.

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- 1 Rowen D, Carne CA, Sonnex C, Cooper P. "Increased evidence of cervical cytological abnormalities in women with genital warts or contact with genital warts: the need for increased vigilance?" *Genitourin Med* 1991; 61:460-3.
- 2 Williams O, Bodha M, Hicks D, Alawattagama AB. "Survey of colposcopy services provided by genitourinary medicine in England and Wales". *Br J Obstet Gynaecol* 1992; 99:150-2.
- 3 Kitchener HC. "United Kingdom Colposcopy Survey, British Society of Colposcopy and Cervical Pathology". *Br J Obs Gynaecol* 1991;98:1112-6.

Failure of single dose ceftriaxone in donovanosis (granuloma inguinale)

Dr N O'Farrell's letter¹ prompts further comment.

We recently had an aboriginal patient who had florid donovanosis especially in the area of a "subincision" (longitudinal opening approximately 10 cm long on the penis which is a pubertal initiation rite). Some spherical lesions were 1-2 cms across. The diagnosis was confirmed on biopsy with donovanosis bodies present.

Ceftriaxone 1g intramuscularly daily for 7 days was administered. On review at 4 weeks there was some improvement of the lesions but not complete resolution. The response was sufficiently poor that co-trimoxazole double strength one tablet BD was commenced over a six weeks period with eventual complete resolution of the lesions.

This experience would seem to suggest that a 1g daily dose intramuscularly for 7 days should be regarded as the minimum and probably is an insufficient course of treatment of ceftriaxone. Gollow² recommends 1g intramuscularly daily ceftriaxone for 7 days as the probable optimum treatment, but admits that trials have not been done yet to confirm this. Indeed trials might confirm that the optimum is 1g daily for 14 days but severe problems with compliance may arise, as with conventional courses of procaine penicillin anti-syphilitic therapy. Donovanosis, thus appears to remain an indolent condition requiring considerable patience with treatment. A successful one dose treatment seems unattainable at present.

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- 1 O'Farrell N. Failure of single dose ceftriaxone in donovanosis (granuloma inguinale). *Genitourin Med* 1991;67:269.
- 2 Gollow MM. The treatment of Donovanosis and Chancroid. *Australian Prescriber* 1990;13: 190-1.

NOTICES

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for applications.

Health professions in 1992: The European Challenge

Date: Tuesday 28 April 1992. Venue: Guildhall, London, EC2P 2EJ. Fee: £75.00 (reduced fee available to members of the Royal Society of Health).

All enquiries to: Conference Department, The Royal Society of Health, 38A St George's Drive, London SW1V 4BH, UK. Tel: 071-630 0121. Fax: 071-976 6847.

1992 European Year of Safety, Hygiene and Health Protection at Work: a one day conference

Date: Thursday 2 July 1992.

Venue: SCI, 14-15 Belgrave Square, London, SW1X 8PS, UK

Fee: £75.00 (£48.00 to members of the Royal Society of Health)

All enquiries to: Conference Department, The Royal Society of Health, 38A St George's Drive, London SW1V 4BH, UK

European Academy of Dermatology and Venereology

The third congress will be held in Tivoli Gardens, Copenhagen, Denmark, 26-30 September 1993.

For further information please contact: International Conference Services, PO Box 41, Strandvejen 171, DK-2900 Hellerup, Denmark.

Anglo-French MSSVD Autumn Meeting

Strasbourg 2-4 October 1992

Themes: HIV, HPV, Male and Female Genital Tract Infection, New Diagnostics.

Information: Dr M A Waugh, General Infirmary, Leeds, LS1 3EX, UK

Secretariat: Tel: 0532 437162

Fax: 0532 441165

Dermatology Course 1992 for trainees/consultants in Genitourinary Medicine & Allied Specialties. Approved by the British Postgraduate Medical Federation under section HM 67/27. A full day lecture course to be held at The Royal London Hospital, Whitechapel, London E1 1BB on 8 May 1992

From 1992 in order to comply with existing EEC training programmes for Dermatovenereologists, and the EC directive 75/363/EEC, Genitourinary Physicians in the UK require adequate training in dermatology.

This course will provide an up-to-date overview of common general and genital dermatoses.

Topics include: Erythrosquamous & Follicular Disorders, Cutaneous Infections, Pigmented Lesions, Non-Pigmented Skin Cancers, Genital Dermatoses, Pre-malignant & Malignant Lesions of the Genitalia, Skin Manifestations of HIV/AIDS, Skin Manifestations of Systemic Diseases, Practical Techniques in Dermatology.

Speakers include: Professor E Wilson-Jones (Emeritus Professor in Dermatology, University of London), Dr C M Ridley (Royal Northern & Whittington Hospitals), Dr G Levene (Middlesex & University College Hospitals & St John's Hospital for