INTERNATIONAL UNION AGAINST THE VENEREAL DISEASES AND TREPONEMATOSES

SYMPOSIUM ON NON-GONOCOCCAL URETHRITIS

The Symposium on Non-Gonococcal Urethritis, organized by the International Union against the Venereal Diseases and Treponematoses, held at Monte Carlo, Monaco, on September 21–24, 1954, was attended by doctors from Denmark, France, Germany, Great Britain, Holland, Italy, Monaco, and the U.S.A., with an observer from the World Health Organization (Dr. T. Guthe). Those attending from Great Britain were S. R. M. Bushby, D. G. f. Edward, A. H. Harkness, E. Kleineberger-Nobel, and R. R. Wilcox.

At meetings held under the chairmanship of Dr. E. H. Hermans (Rotterdam), the following papers were presented. These were not read but were circulated in advance and the discussions were determined by a prepared agenda with the object of producing an agreed statement on outstanding problems in the diagnosis, treatment, and social significance of non-gonococcal urethritis.

S. S. Ambrose: Pathogenesis of non-gonococcal urethritis.


J. Brisou: Non-gonococcal inclusion urethritis.

F. Coste and M. Bourel: Importance of non-gonococcal urethritis in rheumatology.

L. Dienes and R. L. Berg: Recent observations on the pathogenicity of the pleuropneumonia-like organisms.


E. Kleineberger-Nobel: Micro-organisms of the pleuropneumonia group, their nature, pathogenicity, and modes of infection.

A. Midana and F. Serrin: Epidemiological position of non-gonococcal urethritis in Italy.

M. Ruiter: Possible role of pleuropneumonia-like organisms as aetiological agents in non-gonococcal urethritis.


P. Thygeson: Inclusion urethritis and cervicitis.

R. Tulasne and R. Minck: Relationship between the pleuropneumonia-like organisms and the L forms of bacteria.


Attempts to prove or disprove a virus aetiology of non-gonococcal urethritis. Erythromycin and tetracycline in the treatment of non-gonococcal urethritis.

Erythromycin in non-gonococcal urethritis.

RECOMMENDATIONS

After having considered the problems presented by the study of non-gonococcal urethritis, the symposium came to the following conclusions:

(A) TERMINOLOGY

(1) It is desirable for every type of non-gonococcal urethritis to be termed “non-gonococcal urethritis” (N.G.U.) in English, “urérite non-gonococcique” (U.N.G.) in French, and “uretritis non-gonorrhoeica” in Latin, it being understood that this name applies to all forms, whether acute, sub-acute, or chronic.

(2) It is desirable for the complex syndrome termed “Reiter’s syndrome” to be known henceforth under the single clinical name of “urethral-conjunctival-synovial (U.C.S.) syndrome”, and for its study to be considered as forming part of that of N.G.U.

(3) It is desirable for this terminology to be taken into consideration by the World Health Organization with a view to a possible revision of the international medical terminology.

(B) CLINICAL ASPECTS

(1) It is desirable for further studies to be carried out in order to fix the limits of the U.C.S. syndrome and of related syndromes.
(2) It is recognized that N.G.U. has a tendency to relapse as well as to give rise to local and general complications. Urethritis is generally the starting point for these complications, although its role cannot be considered as an exclusive one.

(C) EPIDEMIOLOGY
(1) In some places the prevalence of N.G.U. in man is tending to approach, if not exceed, that of gonococcal urethritis.
(2) The incidence of N.G.U. does not appear to be influenced by race, region, time of year, age, or sexual habits of the subject.
(3) It has not been possible to define the exact role, if any, played by antibiotics in the appearance of N.G.U.
(4) The period of incubation of N.G.U. is considered as being longer than that of gonococcal urethritis, although it is not yet possible to fix it definitely.
(5) It is possible that certain activating causes, in particular drinking and sexual excess, may arouse infection due to the agent or agents of N.G.U. lying dormant in certain deep-seated foci (in the prostate in particular).
(6) Persons suffering from certain urethral malformations, in particular hypospadias, seem to contract N.G.U. with special frequency.
(7) Women, and in particular the partners of men suffering from N.G.U., often show no visible lesions but may be healthy carriers of the agent or agents of N.G.U.

(D) AETIOLOGY.—Many possible causes have been mentioned. Infestation with Trichomonas vaginalis seems to give rise to a special clinical picture, particularly in view of the fact that ocular or articular complications are not seen in such cases. Apart from this the following points were made:
(1) P.P.L.O. cultures are often positive, but the aetiological role of these agents is not established and calls for further study.
(2) Inclusion bodies are sometimes found in the urethral cells, some of them having a special appearance recalling that of the viruses. Others are pleomorphic, and it has been suggested that they may be P.P.L.O. although no formal proof of this has been given.
(3) Certain bacteria or protozoa other than Trichomonas vaginalis have been observed in cases of N.G.U., but this calls for further investigation, which should be undertaken in specialized institutes suitable for such research.

While awaiting the results of these researches, the following practical recommendations are made:
(a) look for Trichomonas vaginalis first by simple direct examination, but if this is negative use staining after fixation, and cultural methods;
(b) do not attach any practical importance for the time being to positive P.P.L.O. cultures or the presence of inclusions.

(4) Other aetiological factors:
It does not seem, at the present time, that the detection of fungi or of protozoa other than Trichomonas vaginalis need to be taken seriously into consideration.
A more thorough study should be made of various bacteria and an expert committee has been established for this purpose.
Allergy would not seem to be involved, but it would appear that ill-considered local treatment may play some part.

(E) ROUTINE EXAMINATIONS FOR SUBJECTS SUFFERING FROM N.G.U.
(1) The gonococcus should be eliminated by smear and/or culture.
(2) Other bacteria should be sought for by cultural methods.
(3) A search should be made for Trichomonas vaginalis as indicated above.
(4) Serological examinations should be carried out for the detection of syphilis, if present.
(5) Routine urological investigations, such as massage of the prostate etc., should be carried out.

(F) TREATMENT
(1) Where Trichomonas is present, since there is at present no general specific treatment, it is suggested that the usual local treatments be employed, e.g. acidification of the urine to a pH below 5, instillations or irrigations, massage of the prostate, and destruction of the focus under the urethroscope.
(2) When Trichomonas does not appear, and in all other cases, the tetracycline antibiotics are considered to represent the most active form of treatment, but they should be employed with due care.
(3) A combined treatment with penicillin and streptomycin has also been recommended.

(G) SOCIAL CONTROL.—N.G.U. is of definite social significance:
(1) For the individual it may give rise to prolonged invalidism and grave complications.
(2) For society it involves considerable expense, even if only the high cost of treatment is taken into account.
(3) Cases of infection have been observed between partners, and sometimes there is a chain of infection spreading from individual to individual.
(4) Consequently it would appear desirable to request the follow-up services to take all measures necessary to stop such transmission.
(5) It may be asked whether the health administrations should not draw the attention of the services concerned to this point.
(6) It is recognized that some cases of N.G.U. call for preventive and therapeutic measures similar to those taken against gonococcal urethritis.