INCLUSION BODIES IN NON-GONOCOCCAL URETHRITIS ALSO SKIN LESIONS WITH INCLUSIONS*†

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In a recent statistical survey of 2,756 cases of non-gonococcal urethritis examined at the Urological Clinic of the Faculty of Medicine in Paris (Hôpital Cochin), inclusion bodies were found in 84, *i.e.*, an average of about 3 per cent. In patients suffering from the urethro-conjunctivo-synovial syndrome, we have found, as previously reported by Harkness (1945), inclusion bodies in scrapings from the urethra and skin lesions. We have always been particularly careful in the identification of inclusion bodies, and only record their presence when there are distinct nucleus and cell boundaries, elementary bodies stained a definite violet-purple with Giemsa, granules of regular size, clearly delimited crescent-shaped grouping, etc. (Figs 1 and 2).

To confirm a viral aetiology, it is necessary, as Willcox, Howard, and Findlay (1954) remarked, to have the confirmation of serological tests (complement deviation of the psittacosis, ornithosis group), skin tests (obtained with lymphogranuloma venereum, psittacosis, trachoma antigen group), and cultures with transmission to animals in addition to finding inclusion bodies similar to those in the accepted virus diseases. Observing these criteria, we have found in certain cases that the inclusion bodies present in epithelial cells from the urethra have all the characteristics of those described in other virus diseases.

FIG. 1.—Inclusion bodies.

FIG. 2.—Inclusion bodies.

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TABLE
SITE, THERAPY, AND RESULTS OF TEN CASES OF URETHRITIS AND SKIN LESIONS WITH INCLUSIONS

Case No.	Age (yrs)	Sex	Clinical Diagnosis	Site of Inclusion Bodies					Serological Tests			Treatment	Results
				Urethra	Conjunctiva	Synovial Membrane	Skin Lesion	Standard	Immobilization (per cent.)	Cold Agglutination	Complement Deviation Reaction Psittacosis Group		
1	35	Male	Urethro-conjunctivo-synovial syndrome + ectodermosis erosiva pluriorificialis	+	+		+	Transitory--	0	--	+	Terramycin 18 g.	Favourable Contact treated
2	33	Male	Urethro-conjunctivo-synovial syndrome + ectodermosis erosiva pluriorificialis	+	+	+	+	--	2	--	+	Aureomycin 20 g. × 2	Fair
3	35	Male	Urethro-conjunctivo-synovial syndrome + ectodermosis erosiva pluriorificialis	+			+	Transitory+	0	--	--	Terramycin 8 g.	Good
4	29	Male	Urethro-conjunctivo-synovial syndrome + ectodermosis erosiva pluriorificialis	+	+	--	+	--	0	--	--	Aureomycin 12 g. then Terramycin 20 g. × 2	Cure after systematic treatment of partners
5	44	Male	Urethro-conjunctivo-synovial syndrome + ectodermosis erosiva pluriorificialis	+	--	--	+	--	0	--	+	Terramycin 9 g. × 2	Good
6	36	Male	Urethro-conjunctivo-synovial syndrome + genital ulcerations	+	--		+	Transitory+	4	--	--	Terramycin 10 g. Cortisone	Fair
7	38	Male	Urethro-conjunctivo-synovial syndrome + genital ulcerations	+	--	--	+	--	0	--	--	Aureomycin 10 g. × 2	Favourable
8	29	Male	Urethro-conjunctivo-synovial syndrome + genital ulcerations	+	--	--	+	--	0	--	--	Terramycin 10 g. Erythromycin Aureomycin 10 g.	Fair
9	33	Male	Urethritis + buccal ulcerations	+			+	--	6	--	--	Aureomycin 10 g.	Good
10	24	Male	Urethritis + buccal ulcerations	+	--		+	--	2	--	--	Terramycin 10 g. × 2	Good

The ten patients reported have all suffered from dermatological manifestations in addition to urethritis: five cases of the urethro-conjunctivo-synovial syndrome with ectodermosis erosiva pluri-

orificialis; three cases of the urethro-conjunctivo-synovial syndrome with genital ulcerations; and two cases of urethritis with buccal ulcerations (Table).

The microphotographs (Figs 1 and 2) and the summary of these ten cases show that the inclusion bodies detected are morphologically indistinguishable from those found in the recognized viral diseases. Such inclusion bodies, however, were found in only about 3 per cent. of the cases of non-gonococcal urethritis in our statistical survey.

The pathogenicity of these inclusions is suggested by:

(a) their disappearance when the treatment prescribed has proved clinically successful;

(b) their persistence after failure of treatment;

(c) their reappearance after renewed contact with one or more of the non-treated partners;

(d) their definite disappearance after effective anti-biotic treatment of both patient and partners;

(e) failure to find this type of inclusion body in 150 persons with clinically healthy urethrae.

Lastly, it is emphasized that, in the same patient, inclusion bodies of the same type were found in epithelial cells of the urethra, the conjunctiva, and skin lesions, especially in ectodermosis erosiva pluriorificialis.

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