DONOVANOSIS TREATED WITH ERYTHROMYCIN PARENTERALLY*

REPORT OF FIRST CASE

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Major Charles Donovan, the co-discoverer of Leishman-Donovan bodies of Kala-azar, isolated the organism of granuloma inguinale from an oral granuloma at Madras in 1905. A few years later, antimony preparations became the sheet anchor of treatment with all their hazards and limitations, until the advent of antibiotics (sulphonamides proved of no value). Barton, Craig, Schwemlein, and Bauer (1947) first used streptomycin in donovanosis successfully. Their results were corroborated by subsequent workers (Greenblatt, Dienst, Kupperman, and Reinstein, 1947; Hirsh and Taggart, 1948; Jacoby, Rosenthal, and Sobel, 1949, Rajam and Rangiah, 1952, 1954; and Rajam and Serma, 1949) also published the results of a large series treated with streptomycin. The usual dose varied from 1 g. streptomycin four times a day to 1 g. daily. Streptomycin has thus established itself as a specific therapy. Various other antibiotics (e.g. the tetracyclines and chloramphenicol) have also been used successfully in cases in which streptomycin could not be given.

Robinson and Cohen (1953) stated that with administration of these drugs Donovan bodies disappear in from 5 to 9 days following therapy. In this paper we record the treatment of a case of donovanosis treated with intramuscular injections of erythromycin.

Case Report

A married Hindu male shop assistant aged 27 years came to the V.D. Clinic attached to the Medical College Hospitals, Calcutta, with an ulcer in the right groin and perineum, which had been present for 9 years. He gave a history of a small papule in the penis followed by eruptions in the groin and perineum. He had had no constitutional disturbances. Some 6 years previously he had been operated on for suppurative bubo. He had also been treated elsewhere with 6 mega units P.A.M., a course of sulpho drugs, and ten injections of bismuth within the last few months.

Local examination revealed erosion of the prepuce, swollen and oedematous penis, thickened skin of scrotum, and a warty, granulomatous swelling with some scarring in the perineum and right groin.

Laboratory Investigations

Serological Tests for Syphilis:

V.D. Reference Laboratory . . . Positive
Q.T. 1:4 . . . . . . . . Negative
Meincke-Kahn reaction II . . . . Positive
Wassermann reaction (Price's technique) with cardiolipin antigen—weakly positive.

Blood Biochemistry.—Normal.

Biopsy Smear.—Donovan bodies present in fair numbers.

Frei Test.—Negative.

Cerebrospinal Fluid.—Cell count and protein within normal limits. V.D.R.L. and Kahn tests negative.

Treatment.—Deep intramuscular injections of "Ilo-tycin" erythromycin containing 100 mg./2 ml. were given twice a day for fifteen injections. The injections were not
PARENTERAL ERYTHROMYCIN IN DONOVANOSIS

Painful. The lesions healed rapidly in comparison with streptomycin.

Two small sinuses in the groin folds were treated and penicillin and streptomycin injections were given after an interval of 12 days, along with a local application.

The patient was followed up for 3 months.

Discussion

Donovanosis is almost endemic in the States of Madras and Orissa along the eastern coast of the Indian peninsula (Greenblatt and others, 1947). In the Calcutta Medical College V.D. Clinic the incidence is about four to five cases per year. The diagnosis is made by the demonstration of Donovan bodies in the biopsy-smear, stained by either Giemsa or Leishman’s stain. Routine treatment is 0.5 g. streptomycin four times daily for 10 days, repeated, if necessary, after the interval of one week.

In the case here reported the rate of disappearance of the granulomatous mass was spectacular. Unfortunately no attempt was made to note the disappearance of Donovan bodies in the lesion after therapy.

Judged by the rapidity of healing, erythromycin was considered to be more effective than streptomycin. The treatment of donovanosis with erythromycin by mouth has been reported before. Robinson and Cohen (1953) reported nine cases so treated with various dosage schedules and found that 100-mg. enteric-coated tablets every 6 hours were satisfactory. Cordice, Avecilla, Marmell, Shidlovsky, and Prigot (1953), who treated seven cases of donovanosis with erythromycin, concluded that the total dosage depended more on the size of the lesion than on the duration of the disease.

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REFERENCES