FLAGYL (8823 RP) IN THE TREATMENT OF TRICHOMONIASIS*

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In view of the satisfactory initial results obtained with a 7-day course of "Flagyl" (Rodin, King, Nicol, and Barrow, 1960), it was decided to try a 5-day course using the same daily dosage of 200 mg. three times a day. No local vaginal therapy was given at any time. As there had been no evidence of any serious diminution in the white cell or differential counts in patients on the 7-day course, it was felt that further routine cell counts were not necessary. The same system of examination and follow up was employed as in the first series.

Female Patients

127 female patients were treated in the clinics (Table I) at St. Thomas's and St. Bartholomew's Hospitals. Two patients did not complete the course: one admitted she had taken the tablets for only 2 days when she returned to the Clinic 2 months later with a recurrence of trichomonal vaginitis; the other complained of vomiting and the tablets were stopped on the second day. This was the only patient in the series who complained of any toxic effect. Three further patients were not known to have completed the course as they defaulted immediately and have not attended since.

TABLE I
FEMALE PATIENTS

Clinic	No. of Patients	Completed Treatment	Immediate Defaulters	Course not Completed
St. Thomas's Hospital	100	96	2	2*
St. Bartholomew's Hospital	27	26	1	—
Total	127	122	3	2

* In one because of toxic effects.

*Paper read by Dr. C. S. Nicol to the M.S.S.V.D. on May 27, 1960.

Table II shows the age and race distribution.

TABLE II
AGE AND RACE OF 127 FEMALE PATIENTS

Age Groups	Race		
	British	Other White	British West Indian
10-19	17	—	3
20-29	44	2	10
30-39	24	1	18
40-49	6	—	—
Over 50	1	1	—
Total	92	4	31

Thus 122 patients completed a course of 200 mg. Flagyl three times daily for 5 days. In 105 of these patients there was apparent cure, and a follow-up of 3 months was completed in 57 (Table III).

TABLE III
APPARENT CURES, BY LENGTH OF FOLLOW-UP, IN FEMALE PATIENTS

Time of Follow-up (mths) ..	Less than 1	1-2	2-3	More than 3	Total
No. of Patients ..	24	13	11	57	105

In seventeen, however, *T. vaginalis* has reappeared, and these must be considered as possible treatment failures. These cases are analysed in two ways. First, the interval between treatment and the reappearance of *T. vaginalis* is shown, with the patient's admission or denial of further sexual intercourse (Table IV, opposite); secondly, the patients are divided into those in whom the failure was immediate with no intervening negative test and those in whom failure occurred after one or more negative tests (Table V, opposite). Four of the patients in the former group,

however, had defaulted for a number of weeks and had thus missed the intervening tests.

TABLE IV
FAILURES, SHOWING TIME OF REDISCOVERY OF
T. VAGINALIS, IN FEMALE PATIENTS

Race	Total	Time (mths)			Sexual Ad- mitted	Intercourse Denied	?
		Less than 1	1-3	More than 3			
British	11	3	5	3	7	3	1
British West Indies	5	1	2	2	5	—	—
Other White	1	1	—	—	—	1	—

TABLE V
ANALYSIS OF RESULTS IN FEMALE PATIENTS

Time of Assessment	Failures		Successes		Total	
	No.	Per cent.	No.	Per cent.	No.	Per cent.
Immediate	5	4	105	86	122	100
Later	12	10				
Total	17	14				

Estimations were made of the amounts of Flagyl recovered from the serum and urine of one female patient who was admitted to hospital (Table VI).

TABLE VI
RECOVERY OF FLAGYL FROM THE SERUM AND URINE OF
A FEMALE PATIENT ADMITTED TO
ST. THOMAS' HOSPITAL
Dose: 200 mg. three times daily

Day of Treat- ment	24-hr Urine			Serum	
	Polaro- graphic Assay (μ g./ml.)	Ex- cretion* (mg.)	Bio-Assay (μ g./ml.)	Polaro- graphic Assay (μ g./ml.)	Bio-Assay (μ g./ml.)
1	160	170	160	3.9 (2 hrs) 3.8 (3 hrs) 3.2 (5 hrs)	10.0 10.0 10.0
2	365	330	320		
3	480	360	320	10	Insufficient sample
4	300	300	320		Insufficient sample
5	410	370	320	7.6	Insufficient sample
Total		1,530 (51 per cent.)			

* Calculated from polarographic assay

Male Patients

Eleven male patients (ten British West Indians and one other European) were also given the same dosage of Flagyl for 5 days. There were no toxic effects. There were no immediate or late failures; two patients were re-treated for recurrent urethritis, but they were *T. vaginalis* negative. Details of the follow-up are shown in Table VII.

TABLE VII
MALE PATIENTS AT ST. THOMAS'S HOSPITAL, BY AGE AND
LENGTH OF FOLLOW-UP

Race	White European .. British West Indian ..	1 10
	Total	11
Age Group (yrs) ..	20-29	7
	30-39	3
	40-49	1
Follow-up (mths)	Total	11
	Less than 1	4
	1-3 Over 3	2 5*
Total	Total	11

* Two of these were re-treated, but were *T. vaginalis* negative

Summary

Flagyl 200 mg. three times daily for 5 days by mouth only was given for *T. vaginalis* infection in 127 female and eleven male patients. The small proportion of immediate and late failures suggests that the drug may prove to be effective in this dosage. It is possible that some of the late failures were due to re-infection. The toxic effects were minimal. There was no indication that local treatment was necessary.

REFERENCE

Rodin, P., King, A. J., Nicol, C. S., and Barrow, J. (1960). *Brit. J. vener. Dis.*, 36, 147.

Flagyl (8823 RP) dans le traitement de la trichomoniasis

Résumé

Flagyl, en doses orales de 200 mg. trois fois par jour, fut administré pendant 5 jours à 127 femmes et 11 hommes atteints d'une infection par le *T. vaginalis*. La petite proportion de rechutes, immédiates et tardives, fait penser que ce médicament peut s'avérer efficace à ces doses. Il est possible que certaines rechutes tardives se doivent à une ré-infection. Les effets secondaires furent minimes. Rien n'indiqua qu'un traitement local soit nécessaire.