GONORRHOEA AND URETHRAL STRICTURE*

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Despite the wide range of effective chemotherapeutic agents in use to-day, there is a rise in venereal disease rates in nearly all parts of the world. Because syphilis is a more pernicious disease than gonorrhoea it tends to attract considerably more attention than does the latter. However, the late effects of gonorrhoea are so incapacitating in their own right that a consideration of perhaps the commonest of them is justified. Several aetiological factors are listed for urethral stricture in standard textbooks of venereal disease, but in countries where this malady is seen in large numbers, chronic gonorrhoeal infection of the urethra is incriminated in a majority of cases (Kibukamusoke, 1965). This paper draws attention to the part played by gonorrhoea of a chronic recurrent type in the production of urethral stricture.

Materials and Methods

A study of 643 cases of gonorrhoeal urethritis has been made at Mulago Hospital. Appropriate specimens of the discharge from the urethra were stained with Gram's method to demonstrate the presence of gonococci. Particular attention was paid to the ease of the act of micturition during history-taking, but a diagnosis of urethral stricture was only made when the stricture was demonstrated by the use of urethral bougies.

Findings

Of the 643 cases of gonorrhoea, 518 presented with acute urethritis, the majority of them, 367 (72 per cent.) having had a previous attack of urethritis; 97 (18 per cent.) presented with a first attack, 243 presented with their second attack, and 124 (25 per cent.) their third or more. Only 54 (10 per cent.) appeared to have had a true relapse and not a re-infection. The majority of these cases were in the age-group 30-35 (average 31) years.

Stricture of the urethra was found in 91 cases. In 42 (45 per cent.) of these the history left no doubt as to what the diagnosis would be, but doubt existed in 20 (21 per cent.) and a bougie was needed for

diagnosis. In 6 (7 per cent.) cystitis was the presenting feature and in 8 (9 per cent.) a perineal abscess; 5 (6 per cent.) presented with acute retention, but this figure is too low, as the majority of cases with acute retention of urine reported to the surgical service for emergency relief. A further 5 (6 per cent.) presented with bilateral inguinal herniae either simultaneous or sequential. The strain on passing water over a large number of years several times a day was undoubtedly an important factor in the causation of these herniae. Four (5 per cent.) presented with fistulae and 1 (1 per cent.) with urinary incontinence. In all the 91 cases a convincing history of chronic recurrent gonorrhoea was obtained.

Other complications of gonorrhoea occurred in 34 cases (5 per cent.): orchitis (25 cases, 4 per cent.), sterility (5 cases, 0·8 per cent.), prostatitis (2 cases, 0·3 per cent.), and ophthalmitis (2 cases, 0·3 per cent.). Hypertension was not looked for.

Discussion

Somers (1964), while studying hypertension among the indigenous people of Uganda, found a high incidence of urethral stricture. Kibukamusoke (1965) obtained similar results in a study of unselected cases presenting at the venereal disease clinic at Mulago Hospital. The strong history of chronic recurrent gonorrhoea in the cases now reported leaves hardly any doubt that gonorrhoea was the most important factor—if not the only one—in the causation of stricture of the urethra. The possibility that the tendency to keloid formation, which is well known among these people, is playing a part has already been ruled out (Kibukamusoke, 1965). It therefore appears that chronic recurrent gonorrhoea is responsible for the high incidence of urethral stricture in this part of the world. The average period of incubation for stricture from the histories in these patients was fifteen years. However, calculating it from the average ages of the gonorrhoea and stricture groups, a figure of eighteen years is obtained. Similar discrepancies have already been noted, and these were

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considered to be due to inaccuracies in the duration of difficulty with urination as given by the patients (Kibukamusoke, 1965). It would thus appear likely that a figure of eighteen to twenty years is fairly near the truth.

Summary

A study of 643 cases of gonorrhoea seen in Uganda is presented; 91 had urethral stricture. The causal relationship between gonorrhoea and stricture is discussed and the incubation period for stricture calculated.

REFERENCES

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Gonorrhée et rétrécissement urétral

RÉSUMÉ

Étude de 643 cas de gonorrhée, vus en Uganda: 91 avaient un rétrécissement urétral; on discute la relation de cause à effet entre gonorrhée et rétrécissement et on calcule la période d'incubation du rétrécissement.