Gonococcal pharyngitis

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Since the discovery of the gonococcus in 1879 rare instances of involvement of the oral cavity by this organism have been recorded. Bronson (1919) was able to find reports of twelve cases of gonococcal stomatitis, but in only one case was it stated that the identity of the organism had been proved by culture. Diefenbach (1953) described a case of proven gonococcal parotitis in a male homosexual and more recently cases of confirmed oral gonorrhoea have been reported from the United States (Fiurera, Wise, and Many, 1967; Thatcher, McCraney, Kellogg, and Whaley, 1970), Sweden (Hellgren, 1971), and Denmark (Cowan, 1969; Bro-Jørgensen and Jensen, 1971).

In May, 1970, a male homosexual attended the Whitechapel Clinic of The London Hospital complaining of rectal discharge and sore throat. He admitted recent oro-genital contact. There was general inflammation of the pharynx as well as proctitis. Gonococci proved by sugar fermentations were isolated from both rectal and throat swabs.

As the incidence of pharyngeal gonorrhoea in Great Britain does not appear to have been studied, it was decided to examine a group of male homosexual patients attending a clinic for venereal diseases. Homosexuals were chosen as oro-genital contact is commonly practised by them.

Patients and methods

After the above case had been seen throat swabs were taken from 65 male homosexual patients. Some had the test repeated when attending for examination after further sexual contact, giving a total of 73 specimens. The swabs impregnated with charcoal were placed in Stuart's transport medium. On reaching the V.D. Reference Laboratory the swab was plated on a selective medium and identification of oxidase positive colonies was obtained by sugar fermentations.

The ages of the patients ranged from 17 to 59 years, half being between 20 and 35, and 57 were from the United Kingdom. At the time that 33 of the throat swabs were taken the patients were suffering from urethral and/or rectal gonorrhoea. Just over half of the patients admitted to recent oro-genital contact.

Results

Neisserian organisms were isolated from the throats of three patients. Two of these were from men who had no evidence of urethral or rectal gonorrhoea and in each case the organism was shown by fermentation reactions to be a meningococcus. The third patient, who attended because of anal warts, was found to have rectal gonorrhoea, and the throat swab grew gonococci confirmed by sugar fermentations. He admitted recent oral intercourse but, although there was reddening of the fauces and tonsils, he had not complained of a sore throat.

Thus the gonococcus was isolated from one out of 73 throat swabs, or if only those patients with gonorrhoea in other sites are considered, one out of 33.

Discussion

In view of the increasing incidence of gonorrhoea, instances of oral infection are likely to be seen more frequently, especially amongst groups such as homosexuals, who often practise oro-genital contact, and in countries such as Denmark and Sweden where this form of behaviour is common. Evidence of gonorrhoea at other sites is usually present, but the presence of rectal gonorrhoea may not be sought unless the patient is known to be a homosexual. In women also genital infection with the gonococcus is usually symptomless.

Thatcher and others (1969) cultured gonococci from the throat of one out of 505 United States military personnel undergoing routine physical examination. In no instance was the organism recovered from the urethra or rectum. Holmes, Counts, and Beaty (1971), in a recent article on disseminated gonococcal infection, stated that during the previous three years gonococci had been recovered from the oropharynx of eighty patients seen at a county health department in Seattle; unfortunately, no further details were given. Hellgren (1971), in Sweden, examined thirty men and twenty women with urogenital gonorrhoea, all of whom admitted oro-genital contact. The gonococcus was isolated from the throat of one man and one woman.
In Denmark, where oro-genital contact was admitted to by the majority of patients of both sexes who attended a venereal diseases clinic, Bro-Jørgensen and Jensen (1971) cultured gonococci from the tonsillar area in six out of 95 men and six out of 66 women suffering from urogenital or rectal gonorrhoea. The organism was found in the throat of only one out of 49 foreign (non-Danish) men with gonorrhoea. Ten of the patients with pharyngeal infection had neither signs nor symptoms. Standard single-dose treatment with ampicillin 2 g. and probenecid 1 g. by mouth cured the urogenital and rectal infections but failed to eliminate the tonsillar infection in five cases.

It was suggested by Bronson (1919) that transient asymptomatic colonization of the oral cavity might occur. This could possibly explain some of the rare instances in which examination of sexual contacts does not reveal any source of infection. Bro-Jørgensen and Jensen (1971), however, have shown that gonococci can persist in the throat for some months.

**Summary**

After a male homosexual was found to have pharyngeal as well as rectal gonorrhoea, 73 throat swabs were taken from 65 homosexual men. One further case of pharyngeal gonorrhoea was discovered; the patient had rectal gonorrhoea also but did not complain of sore throat. The substantial increase of gonorrhoea in the United Kingdom and most other countries is likely to result in many further cases of oral infection, especially in groups such as homosexuals who commonly practise oral intercourse.

**References**


Hellgren, L. (1971) *Lakartidningen*, 68, 569


**Pharyngite gonococcique**

Après qu'un homosexual ait été trouvé porteur de gonocoques dans le pharynx aussi bien que dans le rectum, 73 prélèvements de gorge furent effectués chez 65 homosexuels. Un cas supplémentaire de gonococcie pharyngée fut découvert. Le malade avait une gonococcie rectale également mais ne se plaignait pas de la gorge. L'augmentation substantielle de la gonococcie au Royaume Uni et dans la plupart des autres pays est susceptible d'entraîner beaucoup d'autres cas d'infection orale, spécialement dans des groupes tels que les homosexuels qui pratiquent couramment le coït buccal.