Correspondence

Prepubertal gonorrhoea

TO THE EDITOR, *British Journal of Venereal Diseases*

SIR, The following cases of prepubertal gonorrhoea may be of interest.

It is by no means a rare condition, as would be expected with the rising incidence of gonorrhoea in the population as a whole. The form in which it is most commonly found is vulvo-vaginitis, then gonococcal ophthalmia, and an unusual presentation is as urethritis in boys. The cases of vulvo-vaginitis are usually the result of non-sexual spread from some adult member of the child's family who is suffering from gonorrhoea, in an acute or latent form. This is illustrated by the case reported by Oates (1971) who stressed the importance of a full investigation of all members of the family. Fortunately one seldom sees the tragic case of the child who has been infected as the result of indecent assault. However, when young girls develop a vaginal discharge, the possibility of gonococcal vulvo-vaginitis should be considered and a full investigation including smears and cultures should be undertaken. Gonococcal urethritis in a young boy is very uncommon and may be very easily missed unless urethral smears and cultures are taken. The case reported by Fiumara (1969) of a 6-year-old boy with sexually acquired gonorrhoea is to date one of the youngest to so acquire the infection. The child had frequency and pain on micturition and was found to have a purulent urethral discharge from which gonococci were isolated.

The following report of gonococcal vulvo-vaginitis and gonococcal urethritis respectively in two 8-year-old children stresses the importance of full investigation.

Case 1

An 8-year-old girl was admitted to hospital suffering from acute appendicitis for which she was operated upon. While she was in hospital it was discovered that she had a profuse vaginal discharge. Presumed gonococci were seen in smears and the organism was isolated on culture. She was treated with ampicillin for one week and was then referred to the Special Clinic which she attended on November 28, 1973. All tests were negative for gonorrhoea and when seen again on December 6, 1973, she was found to be free from infection. She was due to attend the clinic on December 20, but developed chicken-pox and was not seen again until January 2, 1974, when she was again found to have vulvo-vaginitis. Smears showed Gram-negative intracellular diplococci and cultures again proved

positive. She was admitted to hospital and treated with penicillin for one week. On January 9, 1974, smears showed Gram-negative intracellular diplococci but cultures were negative; in view of the results of the smears she was given spectinomycin 1 g. daily for 2 days. Further follow-up tests have so far remained negative. Because of the recurrence of infection, it was decided to undertake a full investigation of the Council Home in which she was living. Nine children were seen on January 8, 1974, and of these one boy aged 8 was found to be suffering from acute urethritis. All the others were free from infection including their family contacts.

Case 2

This 8-year-old boy denied having had any genital contact but he had a profuse urethral discharge with inflammation of the meatus. Smears showed Gram-negative intracellular diplococci and cultures grew *N. gonorrhoeae*. He was apparently not a very reliable witness as he had been found in compromising situations with several of the girls of the home; he had had no family connection outside the home for 2 years. He was treated with spectinomycin 1 g. and when seen on January 10, there was no discharge and smears and cultures were negative. He remained asymptomatic until discharged.

It was not possible to discover the primary source of infection as both the children denied that they had ever been interfered with by anyone outside the home; one could not be sure that this was so, but on examination neither child showed any signs of interference. However, it is likely that one child infected the other by sexual contact.

Yours faithfully,

F. M. LANIGAN-O'KEEFE

Consultant Venereologist

COVENTRY AND WARWICKSHIRE HOSPITAL,
STONEY STANTON ROAD,
COVENTRY CV1 4FH

June 27, 1974

References

- FIUMARA, N. J., and BRILEY, J. M., JR. (1969) *Brit. J. vener. Dis.*, **45**, 254
OATES, J. K. (1971) *Brit. med. J.*, **3**, 580 (letter)

Note

IUVDT 28th General Assembly, 1975

Change of address:

Information regarding travel, accommodation, etc., to be

obtained from Dr A. Agius Ferrante, c/o Mifsud and Sons Ltd, 311 Kings Way, Valetta, Malta