Correspondence

TO THE EDITOR, British Journal of Venereal Diseases

Treatment of lymphogranuloma venereum with rifampicin

Sir,

Ridgway et al. (1978) tested the effect of 22 antimicrobial agents in vitro against SA2f, a laboratory maintained strain of Chlamydia trachomatis, which is immunologically identical with the LGVII serotype (Wang and Grayston 1970). Rifampicin was found to be the most active of the drugs tested. This laboratory finding has not been evaluated clinically. Presentation of results of his work (Ridgway, 1976) at an international conference on STD stimulated us to study the efficacy of rifampicin in the treatment of patients with lymphogranuloma venereum (LGV).

We studied eight patients, who were seen in 1976 and 1977 at the outpatient department of the dermatological service in Surinam. All showed inguinal lymphadenopathy, typical for LGV, and six of them also showed a small non-indurated ulcer on the genitals. The Venereal Disease Research Laboratory (VDRL) test gave negative results in all cases, and the six patients with ulcers showed no treponemes by darkfield microscopy and no organisms suggesting Haemophilus ducreyi or Donovania granulomatis by Gram-stained and Giemsa-stained smears. Clinical diagnosis of LGV was made in all cases.

The presence of type-specific antibodies against C. trachomatis in the sera was examined by the microimmunofluorescence (MIF) test as described by Wang et al. (1975). The antigens used were of the three serotypes of C. trachomatis of the LGV type, LGVI, LGVII, and LGVIII. The MIF was performed with FITC labelled polyvalent conjugates. Following Wang, only reactions with a titre 1/8 were considered as positive. The Frei test was performed in four cases.

The results of the MIF and the Frei tests are presented in the Table. The clinical diagnosis of LGV was supported by the results of the MIF test in all cases.

The patients were treated with oral rifampicin 600 mg every morning until symptoms had disappeared; this occurred after two weeks in seven patients and after three weeks in one. No side effects of the drug were noticed and no relapse of symptoms was observed during a control period of three months.

Rifampicin is highly effective against chlamydiae in vitro (Ridgway, 1978). Our results indicate that the drug is effective against LGV clinically. However, we do not recommend rifampicin as drug of choice for the treatment of LGV for the following reasons:

1. Most cases of LGV still respond well to treatment with tetracycline, which is a safe drug.
2. Indiscriminate use of rifampicin could make this drug less valuable for the treatment of mycobacterial infections, because of the possibility of these organisms developing resistance to it.
3. Keshishyan et al. (1973) showed that rifampicin-resistant chlamydiae emerged rapidly in vitro during egg passage in the presence of the drug.
4. Rifampicin is not effective against Treponema pallidum. Some clinicians might consider this to be a disadvantage, especially in cases in which the diagnosis of syphilis is not completely excluded, although others would consider it an advantage.

Yours faithfully,

H. E. Menke
J. L. Schuller
E. Siotz
Department of Dermatology,
University Hospital,
Rotterdam

References


TO THE EDITOR, British Journal of Venereal Diseases

Preparation of T. pallidum extracts from infected rabbit testes

Sir,

When extracting Treponema pallidum from infected rabbit testes, either for experimental use or for passage into another rabbit, it is important to maintain optimum survival of the treponemes. Whereas some research groups use a crude testicular extract, others use centrifugation or centrifugation followed by filtration, to purify the treponemal suspension before removing testicular debris, including spermatozoa.

The effect of these procedures on this apparently delicate bacterium has not been reported to date, although the procedures are widely used. We wish to report their effect on the in vitro retention of motility and virulence of T. pallidum.

Treponemes were eluted from the testes into prereduced maintenance medium (slightly modified from Graves et al., 1972), at a concentration of approximately
jejuni from on Gram-stained that at noticed (1979), describe in the last had rectal intercourse for and then suspension. microscopically over were host cells. All both. The final was taken at 55 x g for five minutes, and filtered through a prefiltre (Millipore AP2002500) or a 0·8-µm polycarbonate membrane (Nucleapore) or both. The final filtrate was examined microscopically and appeared to contain no host cells. All T. pallidum samples for testing were diluted into a 1/20, incubated anaerobically at 34°C, and examined microscopically over a 48-hour period to determine the percentage motility of the treponemal suspension. Samples were stored at 70°C for 48 hours. Rabbits were examined daily for up to one month and the first day of appearance of an indurated lesion was recorded.

No difference in motility retention was detected in any sample over the 48-hour period. However, other variables measured (that is, number of inoculation sites developing into syphilitic lesions, latent period of infection, and size of syphilitic lesions) all showed that the centrifuged and filtered extracts were no way inferior to the crude untreated extract (Table). In fact, the extracts centrifuged and filtered through a Nucleapore filter, 0·8-µm with or without a Millipore prefiltre, were apparently superior to the crude extract with respect to virulence. Latent periods of infection were shorter and lesion sizes larger.

In conclusion, centrifugation and filtration of the crude rabbit testicular syphiloma extract appears to enhance the retention of virulence of T. pallidum in vitro, presumably by the removal of testicular debris that is deleterious to treponemal survival.

We wish to thank Ian McLean for his technical assistance.

Yours faithfully,
F. Trewherta and S. Graves
Department of Microbiology, Monash Medical School, Prahran, Victoria, Australia 3181

References


TO THE EDITOR, British Journal of Venereal Diseases

Campylobacter jejuni in a male homosexual

Sir,
Following the recent letter by Simmons and Tabaqchali (1979), we should like to describe the isolation of Campylobacter jejuni from a male homosexual.

A 36-year-old man presented in July 1978 at the Seaman’s Dispensary, Liverpool, having noticed pus around the faeces for the preceding three weeks but no diarrhoea. He last had rectal intercourse in January of that year. The only significant clinical finding was slight congestion of the rectal mucosa.

Neisseria gonorrhoeae was neither seen on Gram-stained rectal smear nor isolated from rectal culture. However, C. jejuni was isolated on selective medium from the faeces using a similar technique to that described by Simmons and Tabaqchali (1979). Further smears and culture for N. gonorrhoeae four days later gave negative results.

In view of the clinical signs the patient was treated with oral erythromycin 250 mg six hourly for one week. After that time the patient was seen again, and he informed us that the faeces had returned to normal. On proctoscopy there was marked improvement of the rectal congestion. Faecal specimens at this time, and all subsequent specimens, failed to yield C. jejuni. After a further week the rectal mucosa was healthy.

This case further emphasises the need to examine specimens of faeces for enteric pathogens from any patient presenting with abnormal bowel symptoms.

Yours faithfully,
P. B. Carey

Seaman’s Dispensary, Cleveland Square, Paradise Street, Liverpool L1 5BH

E. P. Wright

Public Health Laboratory, Fazakerley Hospital, Liverpool L9 7AL

Reference