

Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*

Asymptomatic gonorrhoea among patients with condylomata accuminata

Sir,

There have been several studies reporting on asymptomatic gonorrhoea in both women and men (Carpenter and Westphal, 1940; Jones and Price, 1957; Lucas *et al.*, 1967; Pedersen and Harrah, 1970; Pariser, 1972; Handsfield *et al.*, 1974) and the incidence differs depending on the group studied. Those groups with the greatest chance of exposure to sexually transmitted diseases have the highest incidence of asymptomatic gonorrhoea (Thatcher *et al.*, 1969).

The present study was undertaken to evaluate the frequency of gonococcal infection in asymptomatic men with condylomata accuminata.

Sixty-seven male patients with condylomata accuminata who had no signs or symptoms (dysuria and urethral discharge) of gonococcal infection were included in the study. All patients admitted having sexual contact with prostitutes. Their ages ranged from 21 to 48 years (average 22 years); 84% were unmarried.

The following examinations were done in sequence: the entire urethra was compressed, and only those patients without demonstrable exudate were included in the study. Smear and culture examination of the anterior urethra were performed. A platinum loop (at least 5 cm long) was passed 3-4 cm into the urethra and with-

drawn along the mucosa. This urethral scraping was then used to prepare smears for Gram staining. A second loop was used to inoculate Thayer-Martin agar.

Gram-stained smears were considered to give a positive result if typical Gram-negative diplococci were seen, either intracellular or extracellular. Colonies isolated on Thayer-Martin were identified by Gram stain, oxidase test, and sugar fermentation reactions.

Of the 67 asymptomatic men with condylomata accuminata *Neisseria gonorrhoeae* was cultured from the anterior urethra in 23 (34%). Of these 23 cases, six gave a positive result by culture alone. No patient with a negative urethral culture result had a positive result to Gram stain.

Of the 67 men, five (7.1%) admitted having had gonorrhoea in the past, on average three months previously. All had been treated and their symptoms disappeared, although none had had follow-up cultures performed. Two others said they had had transient dysuria or urethral discharge in the past but that it had resolved spontaneously. The others denied having any symptoms.

Thus among asymptomatic men with condylomata accuminata 34% had asymptomatic urethral gonococcal infection. Patients with other sexually transmitted diseases, such as genital herpes and phthirus pubis, most probably also had a high incidence of asymptomatic gonorrhoea.

The finding of one sexually transmitted disease is a clear indication that another may also be present. As there has been a

steady increase in the incidence of gonorrhoea, the existence of this disease should be suspected. Even though a patient has no symptoms of gonorrhoea, smears and cultures from the anterior urethra should be carried out in the interest of personal as well as public health.

Yours faithfully,
Marwali Harahap

Department of Dermatovenereology,
University of North Sumatra, Medical
School,
Medan,
Indonesia

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Correction

Preservation of *Neisseria gonorrhoeae* by the gelatin-disc method

In the paper by S. Yamai *et al.* (April, 1979, p. 91) the fourth line should have read, '(2) Distilled water solution of sodium L-ascorbate (5%, Wako) . . .'