Correspondence

TO THE EDITOR, British Journal of Venereal Diseases

Penicillinase-producing Neisseria gonorrhoeae in 21 patients attending an STD clinic in Hong Kong

Sir,

Since the emergence of penicillinase-producing Neisseria gonorrhoeae (PPNG) isolates in 1976,1,2 these penicillin-resistant strains appear to have gained a firm foothold in most Far Eastern countries,3-6 including Hong Kong.7 The occurrence of these isolates has posed a serious problem for clinicians treating infections due to these strains. In an area where there is a high prevalence of PPNG the World Health Organisation has suggested that kanamycin, spectinomycin, and co-trimoxazole may be used for gonococcal treatment failures with penicillin. We report our recent experience with these drug regimens in treating 21 cases of PPNG infections in Hong Kong.

Of a total of 473 new patients attending the STD clinic between June 1981 and December 1981, 65 (13.7%) had culture-positive gonorrhoea. Of these, 21 (32%) infections were due to PPNG strains. Twenty cases were in adult Chinese men and one in the wife of a male patient. Girlfriends were the source of infection in two cases, whereas prostitutes constituted the source of infection for the remaining 18. Ten men acquired infections from local Chinese prostitutes and four were infected by Filipino prostitutes working in Hong Kong. Four infections were traceable to imported sources, one each from the Philippines, Bangkok, Taiwan, and Singapore. Patients were treated with either (a) a single intramuscular dose of spectinomycin 2 g; or (b) a single intramuscular dose of kanamycin 2 g; or (c) sulphamethoxazole 400 mg and trimethoprim 80 mg (co-trimoxazole) orally as four tablets twice daily for two days. These three drug regimens were chosen because they do not suppress treponemal infection. Patients who did not object to injections were treated with either regimen (a) or (b) but the number of cases treated with kanamycin was greater because it was cheaper. Patients who refused injections were prescribed co-trimoxazole tablets.

All patients were followed-up two days and one week after treatment when urethral or cervical cultures were repeated. All five cases treated with a single 2 g injection of spectinomycin were cured. Of the 13 cases treated with kanamycin, three defaulted, nine were cured, and one failed to respond. The one treatment failure was cured with spectinomycin. All three cases treated with co-trimoxazole failed to respond. Two of these patients were successfully treated with spectinomycin and one with kanamycin. No adverse effects were observed in all the patients treated.

In vitro drug susceptibility studies showed that all 21 PPNG isolates were highly resistant to penicillin with minimal inhibitory concentrations (MICs) ≥1 μg/ml. Most of the strains were susceptible to kanamycin, spectinomycin and sulphamethoxazole-trimethoprim (ratio 1:1). Of the 21 isolates, three, one, and four of the strains had MICs of kanamycin, spectino-

Your faithfully,

H W Fung

Wilson W S Ng†

*STD Clinic, 20/F Fuji Building, 383 Lockhart Road, Hong Kong
†Department of Extra-mural Studies, University of Hong Kong, Hong Kong

References


Incidence of herpes simplex virus type 1 and 2 in herpes genitalis in Strasbourg, France

Sir,

We read with interest the paper by Barton et al1 reporting the incidence of type 1 (HSV1) and type 2 (HSV2) Herpesvirus hominis (HSV) infection in a panel of 21 patients with herpes genitalis. This study reported a high proportion of infections with HSV type 1 (61%: nine men and 12 women). Our experience at the clinic for sexually transmitted diseases in Strasbourg, France, relates to 58 cases of herpes genitalis (36 men and 23 women). HSV was isolated from each patient and viral typing was performed at the Strasbourg Institute of Virology (Professor Kirn). These results differed greatly from Dr Barton’s (table)

<table>
<thead>
<tr>
<th>HSV type</th>
<th>No of patients with HSV infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSV1</td>
<td>32</td>
</tr>
<tr>
<td>HSV2</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
</tr>
</tbody>
</table>

the overall proportion of HSV type infection was lower in our study, and the proportion in men was also much lower than in women.

Your faithfully,

J C Tardif

J Frieden

Dermatological Clinic, Institute of Virology, Strasbourg, France

Reference