Abstracts

These selected abstracts and titles from the world literature are arranged in the following sections:

Syphilis and other treponematoses (clinical and therapy)  Trichomoniasis
Syphilis and other treponematoses (clinical and therapy)  Candidosis
Syphilis and other treponematoses (clinical and therapy)  Genital herpes
Gonorrhoea (clinical; microbiology; therapy)  Other sexually transmitted diseases
Chlamydial infections  Public health and social aspects
Non-specific genital infection  Miscellaneous
Reiter's disease

Syphilis and other treponematoses (clinical and therapy)

Neurosyphilis heute


Klinisch fälle zum therma lues
A CAJACOB (University of Basel, Basel, Switzerland). Dermatologica 1982; 165: 259-70.

Late yaws; a case report
MH ELTONS, PMA GAFFOOR, M BENHAWI, and J C DAVIDSON (Hamad General Hospital, Doha, Qatar). Sex Transm Dis 1982; 9: 205-7.

Rapid detection of Treponema pallidum and cytomegalovirus specific IgM antibodies with the passive haemagglutination

Lues-serologie—gestern, heute und morgen

Essai d'une nouvelle méthode sérologique pour la détection de la syphilis active

Prevention and diagnosis of congenital syphilis: immunological aspects

Modern syphilis serology

Modification of the system of screening for antisypilis antibodies in a blood transfusion centre featuring a miniaturisation of the Treponema pallidum haemagglutination assay

Syphilis (pathology and experimental)

Transfusion syphilis: survival of Treponema pallidum in donor blood

Studies on the pathogenesis of the Jarisch-Herxheimer reaction—development of an animal model and evidence against a role for classical endotoxin
RJ YOUNG, NM WEINGARTEN, RE BAUGHN, AND WC DUNCAN (Veterans Administration Medical Center, Houston, Texas, USA). Infect Dis 1982; 146: 606-15.

The authors investigated 19 men (aged 18-39 years; 10 black, nine white) with secondary syphilis. All had rashes and VDLR titres of 1/8 or more. Fever was measured using rectal thermocouples, and subjective reactions were recorded before and at 15 minute intervals for 18 hours after an injection of penicillin while the subjects were in an air conditioned room. The first seven patients received 600 000 units of procaine penicillin and the remainder 2-4 million units benzathine penicillin. At the height of the fever one litre of plasma was taken from some patients and stored for 24-48 hours at 4°C.

Seronegative New Zealand white male rabbits were also infected intravenously with 4 x 10^7 Nichols strain Treponema pallidum. Their backs were shaved, and cutaneous lesions developed. At various times after infection they were treated with 250 000 units aqueous penicillin G or benzathine penicillin G or both. Fever was measured by a rectal thermocouple. Blood samples were taken from humans and rabbits for assays of pyrogen (by limbus lysis gel) and immune complexes; neither was found.

The reinfusion of plasma caused no febrile reaction. Skin biopsy specimens of the human rash lesions were taken before treatment and at the height of the fever and showed no abnormality using immunofluorescent stains.
Some infected rabbits were rendered tolerant to endotoxin (derived from E coli) before treatment with penicillin. These still had a febrile reaction after treatment. Other rabbits received endotoxin after treatment with penicillin when, if endotoxin were responsible, they should have been refractory to its effect. They gave a normal response to endotoxin.

Despite these elegant and thorough experiments, the exact cause of the Jarisch-Herxheimer reaction is still unknown.

G D Morrison

Leukoderma syphiliticum: ultrastructural observations on melanocyte function

Immune complexes in experimental syphilis. A methodologic evaluation

Fluorescent treponemal antibody absorption double staining test evaluation

Immune system responses towards Treponema pallidum infection

Molecular characterisation of Treponema pallidum proteins responsible for the human immune response to syphilis

The placental lesions in congenital syphilis. A study of six cases

Placentas from six mothers with serological tests suggestive of recent syphilitic infection and whose babies were suspected of being or proved to be infected by Treponema pallidum were examined. One placenta from this series was large, bulky, and pale, while the other five were without remarkable gross features. In all cases the associated histological lesions were (a) hypercellular areas in the terminal and stem villi, and (b) a focal perivascular or intra- villous polymorphonuclear concentration with or without necrosis or both. The former change which was the most frequent was characterised by an apparent increase of villous stromal cells, ultrastructurally identified as mesenchymal cells and Hofbauer cells. In addition numerous fetal monocytes were found in the villous vascular lumina. The findings described here and in the literature suggest that congenital syphilis is associated with a spectrum of placental changes. We believe that these changes depend on the immunological reaction of the fetus. According to the sequence of events described in untreated patients, we distinguished two morphological phases: (a) an inductive phase without placental changes and (b) a reactive phase characterised by a predominantly lymphocytic inflammatory infiltration of the villi followed by a reaction of mononuclear phagocytes.

Authors' summary

Gonorrhoea (clinical)

Disseminated gonococcal infections

The detection of Neisseria gonorrhoeae antigen with a solid phase enzyme immunoassay (Gonozyme®)

British Journal of Venereal Diseases

ELISA and IHA using two different gonococcal pili as antigens and GCFT using whole gonococci as antigens.

Comparison of results obtained by testing sera from patients attending an STD clinic in Rotterdam and from control groups.

 Comparative results obtained by testing sera from patients attending an STD clinic in Rotterdam and from control groups.


Comparative in vitro activity of norfloxacin and selected antimicrobial agents against urinary tract pathogens and Neisseria gonorrhoeae

Characteristics of pathogenic Neisseria spp isolated from homosexual men

Sequence specific DNA uptake in transformation of Neisseria gonorrhoeae

Penicillinase-producing gonococci in the Netherlands in 1981

Phagocyte recognition of Neisseria gonorrhoeae

Pepidoglycan biosynthesis in Neisseria gonorrhoeae—strains sensitive and intrinsically resistant to /β-lactam antibiotics
Abstracts

Non-specific genital infection

Isolation of Branhamella (Neisseria) catarrhalis from men with urethritis

Urethritis in men: benefits risks and costs of alternative strategies of management
PB Braun, SH Sherman, and AK Komaroff (Harvard University, Boston, Massachusetts, USA). Sex Transm Dis 1982; 9:188-9.

Measurement of antibody to Ureaplasma urealyticum by an enzyme-linked immunosorbent assay and detection of antibody responses in patients with non-gonococcal urethritis

Chlamydial infections

Growth of host cells and Chlamydia trachomatis in medium containing serum from 16-week-old calves
NJ Levy, S Benes, WM McCormack (Brigham and Women's Hospital, Boston, Massachusetts, USA). J Clin Microbiol 1983; 17:68-71.

Structural analysis of chlamydial major outer membrane proteins

Localisation of distinct surface antigens on Chlamydia trachomatis HAR-13 by immune electron microscopy with monoclonal antibodies

Analysis of human serological response to proteins of Chlamydia trachomatis

Ultrastructural studies of chlamydial infection in guinea pig urogenital tract
BL Soloff, RC Rank, and AL Barron (Veterans Administration Medical Center, Little Rock, Arkansas, USA). J Comp Pathol 1982; 92: 547-58.

Asymptomatic urethral infections due to Chlamydia trachomatis in male United States military personnel

Chlamydia trachomatis infections in women with urogenital symptoms
JS Rorie and MV O'Shaughnessy (Family Medical Center, Kingston, Ontario, Canada). Can Med Assoc J 1982; 127: 974-84.

Simplified methods for Chlamydia trachomatis isolation using a multwell plate

The in vitro activity of Chlamydia trachomatis serotype LGV2 determined on a monolayer of HeLa cells

Ultrastructural effect of penicillin and cycloheximide on Chlamydia trachomatis strain HAR 13

Role of cytoskeleton in natural cell-mediated cytotoxicity against Trichomonas vaginalis

Antigen specific proliferation responses on peripheral blood lymphocytes to Trichomonas vaginalis antigen in patients with trichomoniasis vaginitis
AYANO, F AOJAI, K YUI, ET AL (Shinshu University School of Medicine, Nagano, Japan). J Clin Microbiol 1983; 17: 175-80.

Sensitivity of Trichomonas vaginalis to metronidazole in medium with various concentrations of iron and ascorbate

Candidosis

Patient compliance and the short-term treatment regimen

Three-day therapy of vaginal candidiasis with clotrimazole vaginal tablets and econazol ovals: a multicenter comparative study

Trichomoniasis

Factors affecting the trichomonadial activity of metronidazole
Results of single-dose treatment of vaginal mycoses with 500 mg Canesten® tablet

One-dose therapy of candida vaginitis. I Results of an open multicentre trial


Epidemiology, pathology and clinical features of genital mycoses — 1981 status

On the action kinetics of clotrimazole

In vitro antibacterial activity of different clotrimazole formulations

Pharmacokinetic fundamentals of vaginal treatment with clotrimazole

Vaginal secretion levels after six days, three days and one day of treatment with 100, 200 and 500 mg vaginal tablets of clotrimazole and their therapeutic efficacy

Recurrent candida vulvovaginitis

Demonstration of typical features of individual *Candida albicans* strains as a means of studying sources of infection

Clinical presentation of candidal balanitis — its differential diagnosis and treatment
MA WAUGH (General Infirmary, Leeds, UK). *Chemotherapy* 1982; 28 suppl 1:56.

*Candida albicans* vaginitis; the problem is diagnosis, the enigma is treatment
TB LEBBERZ and LC FORD (University of California, Los Angeles, California, USA). *Chemotherapy* 1982; 28 suppl 1:73.

Genital herpes

Herpetic proctitis and meningitis — recovery of two strains of herpes simplex virus type 1 from cerebrospinal fluid

A patient with simultaneous proctitis and meningitis due to herpes simplex virus type 1 (HSV-1) and type 2 (HSV-2) was extensively investigated. In both disease locations the infection was clinically evident and confirmed by culture. Analysis by sodium dodecylsulphate-polyacrylamide gel electrophoresis of rectal isolates showed both HSV-1 and HSV-2. The cerebrospinal fluid harboured two apparently different strains of HSV-2, one of which was shown by restriction endonuclease analysis to be identical with the rectal isolate of HSV-1.

Authors' summary

Effect of phosphaanoforant on symptomatic genital herpes simplex virus type II infection of guinea pigs
DR MAYO, HL LUCIA, and GD HSIUNG (Veterans Administration Medical Center, West Haven, Connecticut, USA). *Inter- virology* 1983; 19: 26-32.

Haemophilus ducreyi infections — time for reappraisal
MG MENTEGER, S HAFIZ, and GR KINGHORN (Royal Infirmary, Sheffield, UK). *J Hyg* 1982; 89: 467-78.

Inapparent genital herpes simplex virus infection in college women

Arabinosyladenine monophosphate in genital herpes: a double blind placebo controlled study
VA HATCHER, AE FRIEDMANN, EL MARCOU, and RJ KEY (New York University Medical Center, New York, USA). *Antiviral Research* 1982; 2:283-90.

Effects of genetic resistance against herpes simplex virus in vaginally infected mice

Typing of clinical herpes simplex virus isolates with mouse monoclonal antibodies to herpes simplex virus type 1 and 2: Comparison with type-specific rabbit antiserum and restriction endonuclease analysis of viral DNA

Detection of genital herpes simplex virus infections by a tissue culture—fluorescent antibody technique with biotin-avidin

Restriction endonuclease analysis of DNA from genital isolates of herpes simplex virus type 2

Other sexually transmitted diseases
Abstracts

In their most recent study in Sheffield *H. ducreyi* was isolated from 46 of 161 patients with genital ulceration (80 men and 81 women) (including those with herpes genitalis infections). These gave rise to typical entire, brownish, lenticulate colonies with the characteristic coherence which made them easy to push about but difficult to film or prepare a smooth suspension. The general features (scanning electron microscope photographs provided) correspond to those studied in Seattle and Manitoba as indicated by an exchange of strains (for details of three-part medium used see original). With the addition of strains previously isolated the total number now studied in Sheffield is 72, of which only three were β-lactamase producers, two being imported and the third a contact of one of those cases. Attempts to grow the organisms in a liquid medium have so far failed.

It is postulated that some strains of *H. ducreyi* may be less pathogenic and so give rise to asymptomatic infections which may be diagnosed only when they subsequently infect already damaged tissue as secondary invaders. Once established in damaged tissue the organisms contribute to the persistence of lesions until specific treatment is given.

R R Wilcox
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The enzymatic profile of *Haemophilus ducreyi*


Urethral condylomata acuminata: a new topical treatment


Non-specific vaginitis. Diagnostic criteria and microbial and epidemiologic associations


Using the laser to treat vulvar condylomata acuminata and intraepidermal neoplasia

A FERENCYZ (Sir Mortimer B Davis Jewish General Hospital, Montreal, Quebec, Canada). *Can Med Assoc J* 1983; 128: 135-7.

Public health and social aspects

Repeated gonorrhea in Sheffield: the size of the problem, epidemiologic significance and personal characteristics of repeaters

GR KINGHORN, D PRYCE, AND RS MORTON (Royal Infirmary, Sheffield, UK). *Sex Transm Dis* 1982; 9: 165-70.

Ophthalmia neonatorum in the 1980's—incidence, aetiology and treatment


Ophthalmia neonatorum (ON), defined as the presence of an acute overt ocular discharge together with conjunctival hyperaemia, was diagnosed in 54 out of 450 consecutive neonates observed for two weeks. In 42 of these cases swabs from the inferior palpebral conjunctiva were cultured using standard techniques for pathogenic (including *Chlamydia trachomatis*) and non-pathogenic bacteria and matched with 42 controls. Pathogens were isolated from only 15 cases compared with four controls and non-pathogens from 14 cases compared with 20 controls. *Streptococcus viridans* (six cases), but not *Staphylococcus aureus*, was found significantly more often among cases than controls. *Neisseria gonorrhoeae* was not isolated. There was one isolate of *C. trachomatis*. Antibiotic sensitivity tests showed all bacteria associated with ON to be susceptible to tetracycline and all except *C. trachomatis* to chloramphenicol. Sulphonamides were not usually effective and streptococci were resistant to gentamicin and neomycin. A survey of 105 local general practitioners found that the majority treated ON with chloramphenicol but only 4% used chlorotetracycline; only 18% said they would refer or treat the parents of neonates with chlamydial ON.

The authors postulate that initial inadequate tear flow and not an infectious agent may lead to ON and thus explain the 30% of cases from which no organism was isolated.

R R Wilcox
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The profile of early infectious syphilis in Denmark

CS PETERSEN AND NS PETERSEN (Staten Serum Institut, Copenhagen, Denmark). *Dan Med Bull* 1983; 30: 49-51.

Using the Danish syphilis index, which contains clinical and serologic information on most, if not all, treponemal infections diagnosed since 1920, 33% of early (primary, secondary, and early latent) syphilis diagnosed since 1976 were studied. Excluding 32 cases in which the sex orientation was unknown, 159 were in male homosexuals (including bisexuals), 95 in heterosexual men, and 47 in women; all of whom were believed to be heterosexual: 65 (41%) of the homosexually acquired infections were reinfections which corresponded to 77% of the total number of infections in the series; 41% of the male homosexuals had had more than one attack of syphilis compared with 13% in both the male heterosexuals and the women. Half of the homosexuals were aged 33 or more compared with approximately one fourth of heterosexual men. Sixty-eight per cent of all early syphilis in Denmark and 86% of homosexually acquired infections were diagnosed in Copenhagen.

R R Wilcox
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Notice

International symposium on medical virology

The third international symposium on medical virology, sponsored by the Medical Microbiology Division, University of California, is to be held from 19 to 22 October 1983 at the Disneyland Hotel, Anaheim, California, USA. For further information, please contact: Dr Luis M de la Maza, Department of Pathology, University of California, Irvine Medical Center, 101 City Drive, Orange, California 92668, USA.