Abstracts

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

Syphilis and other treponematoses (clinical and treatment; serology and biological false positive phenomenon; pathology and experimental)
Gonorrhoea (clinical; microbiology; treatment)
Chlamydial infections
Non-specific genital infection
Reiter's disease

Syphilis and other treponematoses (clinical and treatment)

Syphilitic neuroretinitis

Four patients with syphilitic neuroretinitis are described. All initially complained of blurred vision and were found to have decreased visual acuity. Fluorescein angiography of all four showed dye leakage into the retina. Syphilis was not considered to be the most likely diagnosis in any of them. Two were treated by three weekly injections of benzathine penicillin and both still had evidence of infection in the CSF (raised lymphocyte and protein concentrations) after treatment. Another patient was treated with tetracycline for five weeks (as a penicillin allergy was suspected) but there was no visual improvement. All four patients were successfully treated with intravenous penicillin. The authors then give a table showing how many other workers have found that inadequate penicillin concentrations in the CSF are normally produced by currently recommended treatment schedules.

G D Morrison

Anetoderma secondary to syphilis

An Asian man from Malawi born in 1949 suddenly developed a blotchy red skin rash on trunk, face, neck, upper arms, and thighs in 1977 which lasted about three months before fading spontaneously. As it faded different lesions appeared in a similar but less extensive distribution until 1981. When then seen at King's College Hospital, London, he had numerous oval, hypopigmented areas of soft, lax, wrinkled skin. These varied in size, the larger ones being bulging, and could be indented by the finger through an orifice like a hernia which is typical of anetoderma. Histology also showed an abnormal elastic tissue pattern in the dermis but there was no evidence of inflammatory infiltrate. Serum tests for syphilis including the VDRL (Venerology Disease Research Laboratory) test gave positive results at a titre of 1/32, which fell to 1/4 after penicillin treatment. It seems probable that the lesions arose from destruction of elastic fibres by the original syphilitic inflammatory process.

R R Willcocks

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Erythromycin failure in the treatment of syphilis in a pregnant woman
P HASHISAKI, GG WERTZBERGER, GL CONRAD, AND CR NICHOLS (University of Utah Medical Center, Salt Lake City, Utah, USA). Sex Transm Dis 1983;10:36-8.

Computerised tomographic findings in meningovascular syphilis: a case report

Update on recommendations for the treatment of syphilis
ST BROWN (Centers for Disease Control, Atlanta, Georgia, USA). Rev Infect Dis 1982;4:suppl:837-41.

Examination of cerebrospinal fluid in patients with syphilis
HW JAFFE AND SA KABINS (Centers for Disease Control, Atlanta, Georgia, USA). Rev Infect Dis 1982;4:suppl:842-7.
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Secondary syphilis

Syphilis (serology and biological false-positive phenomenon)
Studies on the Paul-Bunnell antigen-antibody system III. Detection of a Paul-Bunnell related antigen in syphilis and leprosy

The role of treponemal tests in therapeutic decision making

Syphilis (pathology and experimental)
Molecular characterisation of common treponemal antigens
PA HANIFF, JM MILLER, AND MA LGVETT (University of California, Los Angeles, California, USA). Infect Immum 1983; 40: 825-8.

A monoclonal IgM smooth muscle antibody reactive with fibroblast stress fibres produced by immunisation with Treponema pallidum

Gonorrhoea (clinical)
Gonococcal arthritis due to felloatio

Post infectious arthritis. New look at an old concept with particular attention to disseminated gonococcal infection

Gonorrhoeic urethritis—frequently a mixed infection with chlamydia and mycoplasma: results of tests on 143 males with acute gonorrhoea

Comparative study of ceftriaxone and spectinomycin for treatment of uncomplicated gonorrhoea in males

Update on treatment recommendations for gonococcal infections
AE WASHINGTON (Centers for Disease Control, Atlanta, Georgia, USA). Rev Infect Dis 1982; 4 suppl 3758-71.

Inhibition of active transport and macromolecular synthesis by pyocin 103 in Neisseria gonorrhoeae

Changes in the prevalence of auxotypes of Neisseria gonorrhoeae among black and white patients attending a clinic for sexually transmitted diseases

Association of auxotypes of Neisseria gonorrhoeae and susceptibility to penicillin G, spectinomycin, tetracycline, cephalor, cefoxitin, and moxalactam

Evolutionary analysis of the 7·1-kb β-lactamase-specifying R-plasmid of Neisseria gonorrhoeae by restriction endonucleases

Blood groups and susceptibility to gonococcal infection. 2: The relationship of lipopolysaccharide type to gonococcal sensitivity to the bactericidal activity of normal human serum
ABO blood group and susceptibility to gonococcal infection. 1 Factors affecting phagocytosis of Neisseria gonorrhoeae

Confirmation of association of protein I serotype of Neisseria gonorrhoeae with ability to cause disseminated infection

Cytotoxicity of Neisseria gonorrhoeae for human peripheral blood phagocytes
SG Casey, DR Veale, and H Smith (Department of Bacteriology, University of Birmingham, Birmingham, UK). J Gen Microbiol 1983; 129: 1097-102.

Resistance of O-acetylated gonococcal peptidoglycan to human peptidoglycan degrading enzymes

Gonococcal sensitivity to fecal lipids can be mediated by an Mtr-independent mechanism

Cultivation of Neisseria gonorrhoeae under low oxygen conditions
DS Kellogg, JA Crawford, and CS Callaway (Centers for Disease Control, Atlanta, Georgia, USA). J Clin Microbiol 1983; 18: 178-84.

Effect on dilution rate on lipopolysaccharide and serum resistance of Neisseria gonorrhoeae grown in continuous culture
SA Morse, CS Mintz, SK Sarafian, ET AL (Oregon Health Science University, Portland, Oregon, USA) Infect Immun 1983; 41: 74-82.

Beta-lactamase positive Neisseria gonorrhoeae. 1. Examination of the 3-2 and 4-6 Mdal plasmids with restriction endonucleases and in vitro transcription translation experiments

Beta-lactamase positive Neisseria gonorrhoeae. 2. Determination of the regions of homology between the 3-2 and 4-6 Mdal plasmids by DNA-DNA-Heteroduplex analysis

Gonorrhoea (treatment)

Single dose treatment trial for non complicated male gonorrhoea: results

Evaluation of cefamandole nafate for the treatment of acute gonococcal salpingitis
DL Hemsell, FG Cunningham, and BNobles (University of Texas Health Science Center, Dallas, Texas). Obstet Gynecol 1983; 61: 635-40.

Non-specific genital infection

A controlled study of genital mycoplasmas in amniotic fluid from patients with intra-amniotic infection

Chlamydial infections

Chlamydia trachomatis and lower urinary tract symptoms among women in one general practice

Chlamydia trachomatis: introduction

Chlamydia classification, development and structure

Comparison of four serological methods for detecting antibodies to Chlamydia trachomatis
RAI and VM Mahajan (All India Institute of Medical Science, New Delhi, India). European Journal of Clinical Microbiology 1983; 2: 129-34.

Effect of methylamine and monodansylcadaverine on the susceptibility of McCoy cells to Chlamydia trachomatis infection

Influence of lectins, hexoses, and neuraminidase on the association of purified elementary bodies of Chlamydia trachomatis UW-31 with HeLa cells
SK Bose, GB Smith, and RG Paul (St Louis University School of Medicine, St Louis, Minnesota, USA). Infect Immun 1983; 40: 1060-7.

Chlamydial infections

Use of the enzyme-linked immunosorbent assay for detection of antibodies to Chlamydia trachomatis
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Genital infections in men

Chlamydial infection in the lower genital tract in women

Chlamydial salpingitis

Chlamydial infection and arthritis

Animal models of chlamydia infection

Cervical cytology and Chlamydia trachomatis infection
ME BOON, CJA HOGEWONING, KH TJIAM, ETAL (Erasmus University, Rotterdam, The Netherlands). Arch Gynaecol 1983; 233:131-40.

Non gonococcal urethritis and cervicitis. Isolation of Chlamydia trachomatis and detection of chlamydia antibodies by indirect immunofluorescence

Enzyme-linked immunosorbent assay for immunoglobulin G and M antibodies to Chlamydia trachomatis in human serum

Epidemiology and treatment of chlamydial infections in pregnant women and infants

Reiter's disease
Coexistence of Reiter syndrome and rheumatoid arthritis in a genetically susceptible individual

Trichomoniiasis
Evaluation of two serological tests for Trichomonas vaginalis infection
HM MATHEWS AND GR HEALY (Centers for Disease Control, Atlanta, Georgia, USA). J Clin Microbiol 1983; 17:840-3.

The indirect haemagglutination test and the gel diffusion test were evaluated at the Centers for Disease Control, Atlanta in detecting antibodies to Trichomonas vaginalis in 156 patients attending a vaginitis clinic and in 251 hospital employees. Seropositivity rates among those attending the vaginitis clinic were 69% by indirect haemagglutination and 34% by gel diffusion (78% and 43% respectively among culture positive patients), whereas among hospital employees the rates were 30% and 3% respectively.

It is concluded that serological methods can provide a rapid, sensitive, and economic tool to study the epidemiology of trichomoniiasis. R R Willcox (Reprinted from Abstracts on Hygiene by permission of the Editor)

Acquisition of α1 antitrypsin by a pathogenic strain of Trichomonas vaginalis

The antagonistic effects of acetate and lactate upon the trichomonicidal activity of metronidazole

The pathway of arginine catabolism in the parasitic flagellate Trichomonas vaginalis

Treatment for Trichomonas vaginalis infections
JG LOSSICK (Centers for Disease Control, Atlanta, Georgia, USA). Rev Infect Dis 1982; 4:801-18.

Candidosis
The treatment of recurrent vaginal candidosis in general practice with the orally active antifungal agent ketoconazole

Ketoconazole and candidiasis—a controlled study
WT HUGHES, DL BARTLEY, GG PATTERTON, AND H TUFENKEJI (St Judes Childrens Hospital, Memphis, Tennessee, USA). J Infect Dis 1983; 147:1060-3.

Killer system: a simple method for differentiating Candida albicans strains

Genital herpes
Prognostic significance of herpes simplex virus antibody status in women with cervical intraepithelial neoplasia

Intravenous acyclovir for the treatment of primary genital herpes
Therapy for symptomatic genital herpes infection: a review
ME GUIGNAN (Centers for Disease Control, Atlanta, Georgia, USA). Rev Infect Dis 1982;4 suppl: 189-28.

Genital herpes simplex infections: clinical manifestations course and complications

British Journal of Venereal Diseases

Therapy for condyloma acuminateum: a review
S MARGOLIS (Centers for Disease Control, Atlanta, Georgia, USA). Rev Infect Dis 1982;4 suppl: 829-36.

Gardnerella vaginals associated leucorhoea: the disease and its treatment
JG LOSSICK (Centers for Disease Control, Atlanta, Georgia, USA). Rev Infect Dis 1982;4 suppl: 793-800.

Treatment of scabies and pediculosis pubis: a review
WL GREAVES, DD JURANEX, AND AE WASHINGTON (Centers for Disease Control, Atlanta, Georgia, USA). Rev Infect Dis 1982;4 suppl: 857-63.

Immunological studies of homosexual men with immunodeficiency and Kaposi's sarcoma

Acquired immune dysfunction in homosexual men—immunologic profiles

Acquired immune deficiency syndrome

Acquired immune deficiency syndrome: prodromal form

Prodromal acquired immune deficiency syndrome in Australian homosexual men
Antimicrobial therapy of chancroid: an evaluation of five treatment regimens correlated with in vitro sensitivity

Etiology of genital ulcerations in Swaziland

The genito-anal-rectal syndrome: late manifestations of lymphogranuloma inguinale
R KAMPMEIER (Vanderbilt University Medical Center, Nashville, Tennessee, USA). Sex Transm Dis 1983; 10: 47.

Community-acquired opportunistic infections and defective cellular immunity in heterosexual drug abusers and homosexual men

Lymphogranuloma venereum

Immunodeficiency in female sexual partners of men with the acquired immune deficiency syndrome

Single dose treatment of chancroid with trimethoprim-sulfamethole

For debate should homosexuals be vaccinated against hepatitis B virus? Cost and benefit assessment

The geography of gonorrhoea—empirical demonstration of core group transmission

This analysis covers 121,589 cases of gonorrhoea reported in upstate New York (exclusive of New York City) during 1975-1980, 83% of which occurred in nine urban and three semi-urban counties including Albany, Buffalo, Niagara Falls, Schenectady, and Syracuse. The pattern is one of intense central urban concentration with concentric circles of diminishing incidence. The central core areas are characterised by high population density, low socio-economic status, and a ratio of male to female patients of one or less. Contact investigation showed a tendency towards geographic clustering.

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