Correspondence

TO THE EDITOR, *Genitourinary Medicine***Erythromycin for four or seven days against chlamydia trachomatis**

Sir,
We recently found that *Chlamydia trachomatis* cannot be cultured from the genital tract four days after the start of treatment with erythromycin 1 g daily,¹ which suggested that a shorter treatment regimen should be evaluated.

In this study we therefore compared the effect of erythromycin 500 mg twice daily for four days followed by placebo tablets twice daily for three days with erythromycin 500 mg twice daily for seven days. It was a double blind study of 55 men and 44 women with chlamydia positive cultures from the genitourinary tract.

The results were evaluable in 73 chlamydia positive patients (42 men 31 women) who returned for follow up visits on days 7 and 14, claimed to have taken the full course of treatment, and denied the possibility of reinfection. All patients had negative cultures for *Neisseria gonorrhoeae*.

As shown in the table, the overall bacteriological cure rate of the seven day treatment was higher than that of the four day treatment (98% compared with 81% at the first follow up visit and 88% compared with 54% at the second follow up visit ($p<0.0005$)). The same differences in the bacteriological cure rates between the seven and the four day treatments were found when considering men and women separately (95% compared with 80% of men were cured at the first follow up visit and 77% compared with a 40% at the second ($p<0.05$), and 100% compared with 85% of women were cured at the first follow up and 100% compared with 54% at the second ($p<0.01$)).

It can be concluded from this study that a treatment schedule with 500 mg erythromycin twice daily for four days is not sufficient. The study, however, confirms the findings of several other studies that erythromycin is an effective antimicrobial agent against *C. trachomatis*,²⁻⁵ as the overall bacteriological cure rate was 88% after the seven days' treatment. The bacteriological cure rate of this treatment was higher in women than in men, but the difference was not significant ($p>0.1$). Effective treatment of chlamydial

TABLE Bacteriological results in 73 patients with uncomplicated genitourinary *Chlamydia trachomatis* infections after treatment with erythromycin 500 mg twice daily for seven or four days

	Treatment 7 days			Treatment 4 days		
	Men (n = 22)	Women (n = 18)	Total (n = 40)	Men (n = 20)	Women (n = 13)	Total (n = 33)
No (%) culture negative on:						
Day 7	21 (95)	18 (100)	39 (98)	16 (80)	11 (85)	27 (82)
Day 14	17 (77)	18 (100)	35 (88)	8 (40)	7 (54)	15 (45)
Significance	*	**	***	*	**	***

* $p<0.05$; ** $p<0.01$; *** $p<0.0005$

infections in women is important as the sequelae are severe. Other studies, including those of non-pregnant chlamydia positive women, have also found that erythromycin 1 g daily for seven days is highly effective.^{4,6} In contrast to tetracycline, erythromycin is considered to be safe throughout pregnancy and could therefore be an important treatment of chlamydial infections during pregnancy, though there is insufficient information about the optimum dose and duration of treatment. Many studies concerning the treatment of chlamydial infections do not include both men and women. In a few studies, however, there was an equal and high cure rate of more than 90% in both men and women after treatment with erythromycin 1 g daily for one week³ or erythromycin 2 g daily for three weeks.⁷

The results of treatment for a sexually transmitted disease depend on the compliance of the patients, the possibility of reinfection, and an optimum treatment regimen. All these causes may theoretically explain the apparently better efficacy of erythromycin 500 mg twice daily for seven days in women than in men in our study.

Yours faithfully,
Anne-Marie Worm
Christian Avnstorp
C Sand Petersen

Department of Dermato-venereology,
Bispebjerg Hospital,
DK 2400 Copenhagen NV,
Denmark

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TO THE EDITOR, *Genitourinary Medicine***Sodium polyanethol sulphonate discs to identify *Gardnerella vaginalis***

Sir,
Reimer and Reller recently described the use of sodium polyanethol sulphonate (SPS) discs in identifying *Gardnerella vaginalis*.¹ They tested several species of bacteria, including 62 strains of *G. vaginalis*, and compared the SPS test with inhibition by *Streptococcus sanguis*, hippurate hydrolysis, and the production of β haemolysis on V agar.