Genitourinary Medicine

Edited for the Medical Society for the Study of Venereal Diseases

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VOLUME 63, 1987

BRITISH MEDICAL ASSOCIATION
TAVISTOCK SQUARE, LONDON WC1H 9JR
Book review


Here is the first authoritative British guide written and edited by specialists working in the major London teaching hospitals. Within the covers of this short book is contained a wealth of practical detail on all aspects of the management of individuals infected with the human immunodeficiency virus (HIV) and others at risk of infection. The first chapter, written by Drs Weber and Pinching, outlines the clinical aspects of HIV infection including the acquired immune deficiency syndrome (AIDS).

The reader is guided through the differential diagnoses of pulmonary and gastrointestinal features of AIDS, and treatment regimens for the complicating infections are set out in sufficient detail to aid the doctor dealing with his first case. Kaposi’s sarcoma and its differential diagnosis is described clearly, and the colour photographs have reproduced well. Chapters 2 and 3 deal with the immunological aspects of HIV infection and virology, respectively. With the recent expansion in knowledge about the virus, however, the latter chapter is inevitably dated. “Venerology” is the title of the fourth chapter and here the concept that AIDS is a sexually transmissible disease is reinforced. As a sizable proportion of haemophiliacs who have received factor VIII concentrate are seropositive for the virus, it is entirely appropriate that Chapter 5 is concerned with the special problems of HIV infection in this group. Good common sense advice on the nursing of infected patients is given in Chapter 6. Clearly, the three authors of this chapter have had considerable experience in this field, and the compassion in their writing reflects this. The devastating effect of the diagnosis of AIDS being given to the patient, uncertainties about the development of the disease in otherwise well seropositive people, and the profound effects of the emergence of the disease in groups at risk demand that individuals who manage these men and women should be absolutely clear about the psychological and sociological aspects of HIV infection. David Miller and John Green are to be congratulated on setting out so clearly these issues in three chapters. As an appendix there is a list of useful addresses for high risk groups, Scottish AIDS Monitor (SAM) is not included, however, which I think is unfortunate as this book will certainly sell well north of the border.

I have no hesitation in recommending this book to all doctors who are likely to manage infected patients, genitourinary medicine clinic nurses, health visitors and health advisors, and members of interested voluntary organisations.

A McMillan

Notices

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover at least eight months before the date of the meeting or six months before the closing date for application.

Grand Orient de Belgique masonic lodge, Les Amis du Commerce et la Perseverance Reunis, 4th medical prize

In March 1987 the masonic lodge “Les Amis du Commerce et la Perseverance Reunis” in Antwerp will award its 4th medical prize of 30 000 ECU (£19 000).

The purpose of the prize is to reward a scientist or group of scientists who, in the course of their research work, have made a significant contribution to the progress of medical science whether theoretical or practical, fundamental or clinical. The prize may be divided between several candidates.

The prize will be awarded by jury of four members and a president appointed by the masonic lodge “Les Amis du Commerce et la Perseverance Reunis”. The jury shall be entitled to call in experts for advice if it deems necessary. The members of the jury who will have been empanelled to attend the meetings will have to justify their judgment of the candidacies in writing. All deliberations will be made in camera and decisions made by a simple majority. All working expenses will be paid by the organising lodge.

The competition is open to any researcher whether certified or not, without discrimination of a racial, national, sexual, or philosophical nature. Candidacies for the prize must be sponsored by at least two freemasons whose masonic qualifications must be confirmed by their masonic authorities. In turn the sponsors will have to vouch in writing for the moral integrity of their candidates.

All applications must be accompanied by a detailed curriculum vitae of the candidates, a résumé of their scientific activities, and the opinion of the authorities under whom they work. All applications must be submitted before 30 December 1986 and addressed to: Mr René De Zuttere, Hoogpadlaan 101, B-2070 Antwerp, Belgium.

The jury will come to a decision not later than 31 March 1987. This decision will be final and not open to appeal. The prize will be presented during an academic session in Antwerp in May 1987. The masonic lodge “Les Amis du Commerce et la Perseverance Reunis” reserves the right to withhold the prize should the applications appear to be below standard.

Fifth African regional STD conference

The fifth African regional STD conference will be held on 1 to 5 June 1987 at the Medical School, University of Zimbabwe, Harare, Zimbabwe.

The conference organiser is Dr A S Latif, Department of Medicine, Medical School, PO Box A 178, Avondale, Harare, Zimbabwe.
List of current publications

Selected abstracts and titles of other published reports are arranged in the following sections:

Syphilis and other treponematoses

Candidosis
Genital herpes
Genital warts
Acquired immune deficiency syndrome
Other sexually transmitted diseases
Genitourinary bacteriology
Public health and social aspects
Miscellaneous

Syphilis and other treponematoses

Tonic pupils in neurosyphilis

Of 60 patients with tonic pupils, 29 had serological tests for syphilis and five of these gave positive results. Four of these five had clinical evidence of neurosyphilis, which was confirmed by examination of the cerebrospinal fluid.

Idiopathic tonic pupils (Holmes-Adie syndrome) usually occur in young women. The syndrome presents as unilateral pupillary dilatation that in time becomes bilateral and is associated with absent ankle jerks. Chronic tonic pupils gradually become smaller and, at this stage, may be hard to distinguish from the bilateral miotic pupils described by Argyll Robertson. The authors' patients differed from those with classic Holmes-Adie syndrome; they were middle aged or elderly men with bilateral small pupils at presentation. Ankle jerks were absent in two of them, but this was in conjunction with tabes dorsalis.

The message from this interesting paper is that tonic pupils, contrary to the views of some workers, are a feature of neurosyphilis. The authors conclude that "Certainly, patients with bilateral tonic pupils should be screened for syphilis. A confirmatory test is mandatory as reagin tests, such as the Venerable Disease Research Laboratory (VDRL) test alone, give negative results in up to 50% of cases of neurosyphilis". We fully concur with this and with their statement that "young patients with typical Holmes-Adie syndrome can be safely excepted". We would suggested that, as syphilis is a treatable disease with serious sequelae if untreated, all patients who present with atypical tonic pupils should be screened.

C Bradbeer
E Graham

Treponema pallidum in macular and papular secondary syphilitic skin eruptions

Role of circulating immune complexes in human secondary syphilis

Percoll-purified Treponema pallidum, an improved fluorescent treponemal antibody-absorbed antigen

Serodiagnosis of syphilis by enzyme-linked immunosorbent assay with purified recombinant Treponema pallidum antigen 4D

Treponema antibody-absorbent enzyme immunoassay for syphilis

Diagnostic measures and criteria for neurosyphilis

Comparative in vitro susceptibility of Treponema pallidum to ceftriaxone, cefixime and penicillin G

Evaluation for endotoxemia in patients receiving penicillin therapy for secondary syphilis

To assess whether endotoxin liberation occurs after administration of antibiotic to patients with syphilis, serial plasma samples were obtained from 15 patients receiving intramuscular penicillin G benzathine for secondary syphilis. The endotoxin content of these plasma samples was measured using a Limulus lysate assay (detection limit, 0.025 ng of reference Escherichia coli endotoxin/ml of patient plasma). Though secondary syphilis is the stage of syphilis having the greatest burden of spirochetes and the highest incidence of Jarisch-Herxheimer reactions, no endotoxin was detected in plasma either before or after antibiotic treatment. Despite the absence of detectable endotoxia, five patients experienced mild Jarisch-Herxheimer-like reactions. These results suggest that endotoxin is not an important

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factor in either secondary syphilis or the reactions associated with antibiotic treatment of this disease. **Authors’ summary**

**Gonorrhoea**

An unusual Neisseria isolated from conjunctival cultures in rural Egypt


Ophthalmia neonatorum in Nairobi, Kenya: the roles of Neisseria gonorrhoeae and Chlamydia trachomatis


Epidemiology and treatment of oropharyngeal gonorrhoea


Auxotypes, penicillin susceptibility, and serogroups of Neisseria gonorrhoeae from disseminated and uncomplicated infections


Arthropathic properties of gonococcal peptidoglycan fragments: implications for the pathogenesis of disseminated gonococcal disease


Previously undescribed 66-kilobase R plasmid in penicillinase producing Neisseria gonorrhoeae


Detection of L-forms of Neisseria gonorrhoeae in pure and mixed culture suspensions by an enzyme immunoassay


Intrageneric variation by site-specific recombination in the cryptic plasmid of Neisseria gonorrhoeae


Genetic transformation of genes for protein II in Neisseria gonorrhoeae


Anorectal gonorrhea in women. Is it more difficult to cure?


Clinical evaluation of ofloxacin (RU43280) for the treatment of gonococcal and non-gonococcal urothritis in adult males


Dose ranging study of cefpimezole (U-63196E) for treatment of uncomplicated gonorrhea in men


Non-specific genital infections and related disorders (chlamydial infections)

Diffuse peritonitis and chronic ascites due to infection with Chlamydia trachomatis in patients without liver disease: new presentation of the Fitz-Hugh-Curtis syndrome


Chlamydia trachomatis infection in women with ectopic pregnancy


Prospective study of perinatal transmission of Chlamydia trachomatis


Potential value of rectal-screening cultures for Chlamydia trachomatis in homosexual men


Pulmonary assessment of children after chlamydial pneumonia of infancy


Detection of Chlamydia trachomatis antigens by enzyme immunoassay and immunofluorescence in genital specimens from symptomatic and asymptomatic men and women


Localization of Chlamydia trachomatis infection by direct immunofluorescence and culture in pelvic inflammatory disease


Degradation of Chlamydia trachomatis in human polymorphonuclear leukocytes: an ultrastructural study of peroxidase-positive phagolysosomes


Non-specific genital infections and related disorders (mycoplasmal and ureaplasmal infections)

Further studies on genital mycoplasmas in intra-amniotic infection: blood cultures and serologic response


Genital mycoplasma colonization in neonatal girls


Urogenital challenge of primate species with Mycoplasma genitalium and characteristics of infection induced in chimpanzees


Non-specific genital infections and related disorders (general)

Localised intratesticular abscess complicating epididymo-orchitis: the use of scrotal ultrasonography in diagnosis and management

KM DESEAL, JC GINGELL, AND JM HAWORTH
Pelvic inflammatory disease

Oral contraceptive use modifies the manifestations of pelvic inflammatory disease


In a case controlled study of 322 women with acute salpingitis proved by laparoscopy, Chlamydia trachomatis was isolated from the endocervical canal of 105. An additional patient showing a fourfold change of serum IgG and IgM antibody titres to C trachomatis was also included in the survey. Of the 106 women yielding chlamydiae, 12 (including the patient with serological evidence of acute chlamydial infection) had periperatitis at laparoscopy. Neisseria gonorrhoeae was not isolated from the endocervix in the group of 12 women with combined periperatitis and salpingitis, but was found in four of the 94 with acute salpingitis alone. The women were comparable in age and parity.

The survey showed a negative association between oral contraceptive use and the presence of periperatitis, as oral contraceptives were taken by 38 (40%) of the 94 with salpingitis alone but by none of those with associated periperatitis (p=0.002). Forty of the 106 women yielding chlamydiae, including six with periperatitis, were using an intrauterine contraceptive device (IUCD). The severity of the infection did not relate to contraception used, though IUCD users were probably under-represented. The oral contraceptive takers were younger and presented to the clinic earlier with symptoms. They also had lower titres of antibody to C trachomatis. This is contrary to a previous study, which suggested that oral contraceptives enhance B cell maturation and antibody production. The remarkably high IgG concentrations found in patients with periperatitis supports the hypothesis that these women may have had previous infection with some strain of C trachomatis and the periperatitis may be a result of a hyper-immune reaction. The author also suggested that oral contraceptives may modify pelvic inflammatory disease by suppressing immune reactions. This study also confirmed the strong association of Fitz-Hugh-Curtis syndrome and infection with C trachomatis. The 12 patients with periperatitis had no evidence of gonococcal infection, but all had proved chlamydial infection.

The author considers that the prevalence (4%) of salpingitis complicated by periperatitis was an underestimation because some patients may be referred to a surgical department with upper abdominal pain and be diagnosed as having some other surgical condition. Eight of the 12 patients in this study were first seen at the surgical department. Finally, he concluded that more studies are needed to elicit the role of oral contraceptives in the pathogenesis of pelvic inflammatory disease.

Persistence of chlamydial antibodies after pelvic inflammatory disease

V Manoharan


Treatment of acute pelvic inflammatory disease with aztreonam, a new monocyclic β-lactam antibiotic, and clindamycin


Reiter's disease

Cell-mediated immune response in the diseased joints in patients with reactive arthritis


Trichomoniasis

Persistent Trichomonas vaginalis infection due to a metronidazole-resistant strain


Trichomonas vaginalis in the prostate gland


In this small postmortem study the authors describe the identification of trichomonads in the prostate gland using an immunoperoxidase technique. Five whole prostate glands were obtained at autopsy. Four were from men whose "urinalysis during terminal hospitalisation had demonstrated Trichomonas vaginalis". The age of these patients was not mentioned, nor was there any reference to a sexual history. The fifth was from a man aged 49 whose wife had documented vaginal trichomoniasis. Microscopy of all specimens showed multiple foci of non-specific acute and chronic prostatitis, and all areas showing pathological features of inflammation were examined carefully for organisms. Definitive identification of trichomonads could not be made in four of the specimens, using immunoperoxidase evaluation. In the glandular luminae, prostatic ducts, and prostatic urethra of the fifth specimen trichomonad structures ("undulating membrane", axostyle, and flagella) were positively identified. The authors stated that tissue preservation was inadequate to permit a description of epithelial changes in the prostate associated with this parasite and suggested that further evaluation using well preserved tissue will be necessary.

They concluded, however, by stating that their study showed the presence of T vaginalis within the prostate gland and an associated range of acute and chronic inflammatory changes. They proposed that further studies would assess the incidence of trichomonads in cases of non-specific prostatitis. They postulated finally that further work on the lines they described would help to elucidate a possible association between T vaginalis and epithelial atypia in the prostate gland.

G Sharp

Incubation time, second blind passage and cost considerations in the isolation of Trichomonas vaginalis


Phenotypic variation and diversity among Trichomonas vaginalis isolates and correlation of phenotype with trichomonad virulence determinants


In vitro susceptibility and doses of metronidazole required for cure in cases of refractory vaginal trichomoniasis


Candidiasis

Epidemiology of recurrent vulvovaginal candidiasis: identification and strain differentiation of Candida albicans

The document appears to be a page from a medical or scientific journal. The text is a list of current publications, focusing on different topics such as genital herpes, cytomegalovirus, and human papillomavirus. The references are cited to support the information presented in each section.
degeneration in rectal crypts of patients with AIDS

DP KOTLER, SC WEAVER, AND JA TERZAKIS


Simultaneous occurrence of Hodgkin's disease and Kaposi's sarcoma in a patient with the acquired immune deficiency syndrome

RT MITSUYASU, MF COLMAN, AND NCJ SUN


Three cases of AIDS-related psychiatric disorders

JR RUNDELL, MG WISE, AND RJ URSANO


Why is Listeria monocytogenes not a pathogen in the acquired immunodeficiency syndrome?

JL JACOBS AND HW MURRAY


Prevalence of Chlamydia trachomatis lung infection in patients with acquired immune deficiency syndrome

JV MONCADA, J SCHACHTER, AND C WOFSY


Monozygotic twins discordant for the acquired immunodeficiency syndrome

R MENEZ-BAUTISTA, SM FIKRIG, S PAHWA, MG SARANGADHARAN, AND RL STONEBURNER


Spectrum of human T-cell lymphotropic virus type III infection in children: Recognition of symptomatic, asymptomatic and seronegative patients

S PAHWA, M KAPLAN, S FIKRIG, ET AL


Three-year prospective study of HTLV-III/LAV infection in homosexual men

JN WEBER, J WADSWORTH, LA ROGERS, ET AL


Long-term seropositivity for human T-lymphotropic virus type III in homosexual men without the acquired immunodeficiency syndrome: Development of immunologic and clinical abnormalities: A longitudinal study

M MELBYE, RJ BIGGAR, P EBBESEN, ET AL


Surveillance for AIDS in a central African city, Kinshasa, Zaire

JM MANN, TC QUINN, H FRANCIS, ET AL


Prevalence of HTLV-III/LAV in household contacts of patients with confirmed AIDS and contacts in Kinshasa, Zaire

JM MANN, TC QUINN, H FRANCIS ET AL


Risk of nosocomial infection with human T-cell lymphotropic virus type III/lymphadenopathy-associated virus in a large cohort of intensively exposed health care workers

DK HENDERSON, AJ SAAH, BJ ZAK, ET AL


Length of survival of patients with acquired immune deficiency syndrome in the United Kingdom

G MARASCA AND M MEVOY


The impact of the acquired immunodeficiency syndrome on patterns of premature death in New York City

AR KRISTAL


AIDS and insects

AJ ZUCKERMAN


Isolation of a new human retrovirus from West African patients with AIDS

F CLAVEL, D GUETARD, F BRUN-VEZINET, ET AL


Genetic variation in HTLV-III/LAV over time in patients with AIDS or at risk for AIDS

BH HAHN, GM SHAW, ME TAYLOR, ET AL


Virus-neutralizing activity, serologic heterogeneity, and retrovirus isolation from homosexual men in the Los Angeles area

S RASHEED, GL NORMAN, PS GILL, PR MEYER, L CHENG, AND AM LEVINE


Expression of human immunodeficiency virus antigen (HIV-Ag) in serum and cerebrospinal fluid during acute and chronic infection

J GOUDSMIT, F DE WOLF, DA PAUL, ET AL

(Amsterdam, the Netherlands). Lancet 1986;ii:177-80.

Intrathecal synthesis of antibodies to HTLV-III in patients without AIDS or AIDS-related complex

J GOUDSMIT, EC WOLTERS, M BAKKER, ET AL


HTLV-III/LAV viral antigens in lymph nodes of homosexual men with persistent generalized lymphadenopathy and AIDS

K TENER-RACZ, M BOFILL, A SCHULZ-MEYER, ET AL


Comparison of detection of antibody to the acquired immune deficiency syndrome virus by enzyme immunosassay, immunofluorescence, and western blot methods

D GALLO, J DIGGS, GR SHELL, PJ DAILEY, MN HOFFMAN, AND JL RIGGS


Detection of human T-cell lymphotropic virus type III-related antigens and anti-human T-cell lymphotropic virus type III antibodies by anti-complementary immunofluorescence

RS BLUMBERG, EG SANDSTORM, TJ PARADIS, ET AL


Predictive value of a screening test for antibodies to HTLV-III

SL SIVAK AND GP WORMSER


Serum beta-2 microglobulin levels in homosexual men with AIDS and with persistent generalized lymphadenopathy

RL BURKES, AE SHERROD, ML STEWART, ET AL

(0 Angeles, USA). Cancer 1986;57:2190-2.

Lupus anticoagulant in the acquired immunodeficiency syndrome

EJ BLOOM, DI ABRAMS, AND G RODGERS

(San Francisco, USA). JAMA 1986;256:491-3.

Neutralization of the AIDS retrovirus by antibodies to a recombinant envelope glycoprotein

LA LASKY, JE GROOPMAN, CW FENNIE, ET AL


Trimethoprim-sulfamethoxazole or pentamidine for Pneumocystis carinii pneumonia in the acquired immunodeficiency syndrome. A prospective randomized trial

JM WHARTON, DL COLEMAN, CB WOFSY, ET AL

Other sexually transmitted diseases

Use of blot-immunobinding and immunofluorescence assays to investigate clinically suspected cases of chancroid

Clinical evaluation of roxocaxin for the treatment of chancroid

Papillitis and hepatitis B

Long-term immunogenicity and efficacy of hepatitis B vaccine in homosexual men

Entamoeba histolytica as a commensal intestinal parasite in homosexual men

Genitourinary bacteriology

Preterm labor associated with subclinical amniotic fluid infection and with bacterial vaginitis

Amniotic fluid infection was studied in 54 consecutive afebrile women in preterm labour (around 30 weeks) with intact fetal membranes. Micro-organisms were recovered from the amniotic fluid by transabdominal amniocentesis in 13 (24%). Bacteria (Gardnerella vaginalis, anaerobes, or Escherichia coli) were found in six (11%), and genital mycoplasmas in seven (13%), but herpes simplex, cytomegalovirus, Chlamydia trachomatis, and Listeria monocytogenes were absent. Women yielding bacteria or Candida albicans delivered rapidly (mean 0-6 days) and five out of six of them developed clinical amniotic fluid infection with pyrexia within an average of 6-5 hours after amniocentesis. Women without bacterial infection or with mycoplasmal infection alone delivered after a mean of 34.3 days and only one became pyrexial. The authors assert, but do not establish, that the infections were a primary cause of preterm labour rather than a consequence of it.

The cervical and vaginal flora of the women in premature labour were compared with those of control women of similar gestational age who were not in labour. There were no appreciable differences between patients and control subjects in the recovery rate of any single organism, including G. vaginalis. An abnormal finding on gas-liquid chromatography of vaginal fluid, which was thought to indicate bacterial vaginosis, was found in 43% of the patients and 14% of the controls, and the authors suggested that this may be a feature of premature labour.

M R FitzGerald

Polymicrobial early postpartum endometritis with facultative and anaerobic bacteria, genital mycoplasmas, and Chlamydia trachomatis: treatment with piperacillin or cefoxitin

Detection of a species-specific antigen of Gardnerella vaginalis by western blot analysis

Comparison of oral and vaginal metronidazole therapy for nonspecific bacterial vaginosis

Balanitis caused by group B streptococcus

Prevention of early-onset neonatal group B streptococcal disease with selective intrapartum chemophrophylaxis

Group B streptococcal infection in newborns: prevention at last?

Primary genitourinary tuberculosis: rapid progression and tissue destruction during treatment

Public health and social aspects

Screening to reduce transmission of sexually transmitted diseases in semen used for artificial insemination

Miscellaneous

Focal vulvitis: a characteristic syndrome and cause of dyspareunia. Features, natural history, and management

An analysis of the factors involved in the colposcopic evaluation of 2194 patients with abnormal Papanicolaou smears

Unusual esophageal ulcers containing enveloped virus like particles in homosexual men

Rectal lymphoma in homosexual men