

Correspondence

Letters should not exceed 400 words and should be typed double spaced (including the references) and be signed by all authors

TO THE EDITOR, *Genitourinary Medicine*

Infection of a surgical wound by β lactamase producing *Neisseria gonorrhoeae*

Sir,

I was most interested to hear of the isolation from a surgical wound of β lactamase producing *Neisseria gonorrhoeae* reported in October 1986 in your journal.¹

This accords with my experience in 1976 when, as registrar in genitourinary medicine in Birkenhead, Merseyside, I saw a 36 year old Pakistani seaman with a penile ulcer of 20 days' duration. His last sexual intercourse had been with a prostitute on the Ivory Coast one month previously, and there was no history of dysuria, urethral discharge, or antimicrobial treatment.

On clinical examination a grossly swollen and tender prepuce had produced some phimosis. Two ulcers, each 10 mm x 5 mm, were observed in close proximity on the dorsal aspect of the prepuce, 15 mm from its edge. The ulcers had undermined edges and uneven bases, were filled with patchy granulation tissue and yellow pus, and were friable and tender. Neither communicated with the urethra. There were no clinical or microbiological features of urethritis or gonorrhoea. Dark ground examination gave negative results on three separate occasions, as did serological testing for syphilis then and six weeks later. There was no serological evidence of lymphogranuloma venereum. Viral culture gave negative results, but routine culture from the ulcers showed β lactamase producing *N gonorrhoeae*. This was shown to have the 3.2 megadalton plasmid. Treatment was with saline bathing and co-trimoxazole two tablets twice daily for 10 days. Subsequent routine cultures showed microbiological cure.

The gonococcus probably represented an opportunistic infection of a non-specific lesion, possibly traumatic in origin. A report of a β lactamase producing gonococcus from the Ivory Coast at that time was published subsequently.²

Yours faithfully,
D A Hicks

Department of Genitourinary Medicine,
Royal Hallamshire Hospital, Sheffield

References

- Trallero EP, Arenzana JG, Eguluz GC, Soldevilla JL. Infection of a surgical wound by β lactamase producing *Neisseria gonorrhoeae*. *Genitourin Med* 1986;62:357.
- Piot P. Resistant gonococcus from the Ivory Coast. *Lancet* 1977;ii:857.

TO THE EDITOR, *Genitourinary Medicine*

Aetiology of urinary symptoms in sexually active women

Sir,

In 1979 the departments of virology and genitourinary medicine at the Middlesex Hospital jointly studied 18 sexually active women with dysuria and frequency. The women were individually matched with 18 controls for age, number of sexual partners, and method of contraception. Urethral and cervical specimens were taken from each group for culture for *Neisseria gonorrhoeae*, *Trichomonas vaginalis*, *Candida* spp. and chlamydiae. Each woman also gave a midstream specimen of urine (MSU) and a blood sample for testing for serum antibodies against cytomegalovirus (CMV).

The table shows the results in the 18 patients. Of those with presumed infection with *Staphylococcus epidermidis*, one had gonococcal cervicitis, one trichomoniasis, and one a CMV titre of 1/128 (the only patient to have a raised CMV titre).

MSU specimens from controls showed no growth and no evidence of increased white blood cells. Chlamydial cultures from controls were incomplete as only six of the 18 urethral and cervical specimens were adequate. Two of these, however, yielded chlamydiae.

These findings agree with those of Feldman *et al* in suggesting that chlamydiae are not important aetiological agents of frequency and dysuria in women.¹

Yours faithfully,
P G Fisk

6 Hold Drive, Kirby Muxloe,
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References

- Feldman RG, Johnson AL, Schober PG, Bignell CJ, Ridgway GL, Oriel JD. Aetiology of urinary symptoms in sexually active women. *Genitourin Med* 1986;62:333-41.

TABLE Results of tests in 18 women

Findings	No of women
$\geq 10^5$ coliforms/ml	4
$\geq 10^5$ <i>Proteus</i> /ml	1
$\geq 10^5$ <i>Staphylococcus epidermidis</i> /ml	4
Chlamydial infection of the cervix	1
Pyuria only	3
No abnormality	5

TO THE EDITOR, *Genitourinary Medicine*

Group B streptococci and vaginal discharge

Sir,

Several studies have documented high genital colonisation rates of group B streptococci but have reported no association between colonisation and genital symptoms or signs.¹⁻⁴ A recent paper reported a case of cervicitis and urethritis caused by group streptococci.⁵ We report four women who presented to the department of genitourinary medicine, Sheffield, with a history of vaginal discharge dating from the birth of their last child; group B streptococci were implicated as the likely cause of their vaginitis. Urethral and cervical swabs from all patients gave negative results for *Neisseria gonorrhoeae* and *Chlamydia trachomatis*, as did vaginal swabs for *Candida albicans*, *Trichomonas vaginalis*, *Gardnerella vaginalis*, mycoplasmas, and anaerobes.

The table shows the clinical details of each patient. Case 1 was further treated with erythromycin 500 mg twice a day for two weeks, whereupon the symptoms and signs had resolved and further vaginal swabs gave negative results. Case 2 required two further treatment courses, ampicillin 500 mg four times a day for two weeks then erythromycin 500 mg twice a day for two weeks, before symptoms and signs resolved and vaginal swabs gave negative results. Rectal swabs were not taken, but rectal carriage has been reported and may have contributed to the persistent infections in these two cases.⁴

Rates of asymptomatic colonisation of the genitourinary tract range from 6.4% to 36%.¹⁻⁴ The highest rates have been found in patients attending STD clinics,^{2,4} which suggests that transmission is sexual. The

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.

Second international lesbian and gay health conference

The second international lesbian and gay conference and AIDS forum will be held on 20–26 July 1988 at the Boston Park Plaza Hotel and towers in Boston, Massachusetts, USA. The conference is sponsored by the British Gay Medical Association and the American National Lesbian and Gay Health Foundation, the American Association of Physicians for Human Rights, and the George Washington University Medical Centre.

The overall goal of the conference is to constitute an international and national agenda for the next decade and will include topics such as sexual health, mental health issues, and holistic health care.

Further details can be obtained from: NLGHF/AAPHR Programming Committee, P O Box 65472, Washington DC 20035, USA.

Australian and New Zealand conference on sexually transmitted diseases

An Australian and New Zealand conference on sexually transmitted diseases will be held on 25 to 27 August 1988 at the University of Melbourne, Melbourne, Victoria, Australia.

For further information please contact: The Manager, National Australia Bank Ltd Travel Groups/Incentives, 271 Collins Street, Melbourne, Victoria, Australia 3000.

Courses on the acquired immune deficiency syndrome (AIDS)

The Royal College of Physicians of London is organising courses to train general physicians who will be concerned in the care of patients with AIDS. Each course will last for one week (Mondays to Fridays); mornings will be spent at the College and afternoons at one of four hospitals with major AIDS centres in London (St George's, St Mary's, St Stephen's, and the Middlesex). Numbers on each course will be limited to 20, with groups of five attending each hospital. The fee will be £90, and buffet lunch at the college each day and coffee or tea are included.

Starting dates and closing dates for applications are as follows:

Week starting 1988	Closing date for applications
5 September	26 July
21 November	10 October

For further details and application form, please contact: The Assistant Registrar, Royal College of Physicians, 11 St Andrew's Place, Regent's Park, London NW1 4LE (tel: 01 935 1174).

Institut Alfred Fournier Prix de l'Association des Anciens Élèves et Compagnons, 1988.

Deux prix d'un montant de fr 15 000 chacun destinés à récompenser un travail original ou un ensemble de travaux, dans le domaine des maladies transmises par voie sexuelle (MST), —l'un en sciences fondamentales —l'autre concernant le ou les sujets suivants: Épidémiologie—Biologie—Clinique—Thérapeutique

Les candidats devront adresser le texte de leur travail définitif, dactylographié et rédigé en français, présenté sous forme d'une publication, en six exemplaires, avant le 15 Septembre 1988.

La remise solennelle des Prix 1988 se fera lors de l'Assemblée Générale de l'Association des Anciens Élèves et Compagnons d'Alfred Fournier, en Novembre 1988,

Pour toute demande de renseignements et envoi de candidature, s'adresser au: Secrétariat de l'Association, Institut Alfred Fournier, 25 Boulevard Saint-Jacques, 75680 PARIS CEDEX 14, (Tel: (1) 45 65 27 77).

Corrections

We regret that errors occurred in three letters from P Fisk and colleagues. Corrections are as follows.

Aetiology of urinary symptoms in sexually active women

(April 1987;63:137)

Specimens were taken from the urethra and cervix for *Neisseria gonorrhoeae* and chlamydiae and from the vagina for *Trichomonas vaginalis* and *Candida* spp.

How to maximise a limited chlamydial culture service

(December 1987;63:398–9. Coauthor DTP Evans.)

The heading of table 1 should have shown the reason for the chlamydial test being performed, not the reason for patients attending, and the number of controls was 90, rather than the 100 mentioned in the text.

Penicillinase producing gonococci: a spent force?

(February 1988;64:64. Coauthor Andrew Lewis.)

The chemotherapy given was spectinomycin or ampicillin, probenecid, and augmentin.

Authors of letters for publication are reminded that correspondence should be presented in the same way as papers, as outlined under **Advice to authors** on the inside front cover of the journal. It should be double spaced (including references), tables should have headings and be typed on separate pages, and it should be sent with a separate covering letter.