We therefore recommend that patients suffering from acute intermittent porphyria and requiring treatment for chlamydial infection are prescribed doxycycline with the proviso that urinary porphyrin concentrations are measured before and after treatment. This will also allow improvement of the Porphyrin Laboratory Data Bank.

Yours faithfully,

J R Smith
S M Forster

Academic Department of
Genitourinary Medicine,
St Mary's Hospital, London W2

Reference

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TO THE EDITOR, Genitourinary Medicine

Electron microscopy to differentiate intestinal spirochaetosis from other conditions

Sir,

Intestinal spirochaetosis is present in up to 6.9% of hospital patients undergoing rectal biopsy, and a prevalence of over 30% has been reported in homosexual men. Although its pathological importance is not certain, various clinical symptoms have been ascribed to infestation of the gastrointestinal tract with spirochaetes. These include diarrhoea, rectal discharge, and pain on defaecation. Sigmoidoscopic examination may or may not show normal appearances. The condition is recognised on light microscopy by the presence of a haematoxyphilic band coating the surface of the rectal mucosa. We report a case in which a similar basophilic band was present, but which was not due to spirochaetosis.

A man aged 72 presented with a six week history of diarrhoea that began one week after his return from Spain. He had had no homosexual contact. Physical examination was unremarkable, and sigmoidoscopic appearances were normal. Examination of a rectal biopsy specimen (fig, top) showed normal mucosal architecture and no evidence of inflammation. However, a basophilic band was present at the brush border of the mucosal surface, and the possibility of intestinal spirochaetosis was considered. Transmission electron microscopy of further material from the residual tissue in the paraffin block showed that the cause of the basophilic band was a dense layer of mucus attached to the surface of the brush border, and showed no evidence of

Figure (top) Rectal mucosa with basophilic band at the brush border, an appearance similar to that seen in intestinal spirochaetosis. Electron micrograph (bottom) of surface of rectal mucosa showing dense layer of mucus on surface of the brush border. Normal numbers of microvilli present beneath mucus layer. No other organism was identified.

Though the presence of a basophilic band in a rectal mucosal biopsy specimen should alert the pathologist to the possibility of spirochaetosis, this case illustrates the fact that a similar appearance may be produced by other causes. The basophilic band in this case was slightly thinner than that normally associated with spirochaetosis, and individual spirochaetes could not be shown convincingly using the 100 x objective. Though these subtle differences may help in diagnosis, electron microscopy remains the final arbiter.

Yours faithfully,

K M Roberts
D W K Cotton
J R Shortland

Department of Pathology,
University of Sheffield Medical School,
Beech Hill Road, Sheffield S10 2RX

Reference