

Table Papanicolaou smear pattern in 515 prostitutes

Cytology	No	%
Negative	160	(31.0%)
Inflammation	252	(48.9%)
CIN I	60	(11.7%)
CIN II	16	(3.2%)
CIN III	7	(1.4%)
Squamous cell carcinoma	1	(0.2%)
Trichomoniasis	50	(9.7%)
Candidiasis	22	(4.3%)
Anaerobic vaginosis	188	(36.5%)
HSV infection	11	(2.1%)
HPV infection	82	(15.9%)

general population.<sup>4</sup> Prostitutes also commonly suffer from various STDs. There are very few reports on the prevalence of CIN in cervical smears from prostitutes in developing countries<sup>5</sup> and none from India. Our experience in family planning (FP) clinics has shown that the Papanicolaou smear may be a valuable technique in the diagnosis of many STDs.<sup>6</sup> We report the results in 515 prostitutes from Bombay. All women were in the age group of 20 to 30 years with a coital frequency of 28–36 per week with multiple sexual partners. The majority of them were asymptomatic (92%) and had come for a health check up. The overall prevalence of one or more STDs by cytology was 51.2% (264/515). Out of these a single STD was observed in 63.7% and multi-

ple STDs in 36.3% of cases. The smear pattern and the prevalence of individual STDs are given in the table.

Cervical cytology may be a useful screening test for STDs in developing countries because other tests are usually not available or are expensive and resources are limited. However, cytology cannot substitute other definitive diagnostic methods if available.

BAPURAO N MALI  
JAYASHREE V JOSHI  
Institute for Research in Reproduction (ICMR),  
Parel, Bombay 400 012, India  
GEETA G BHAVE  
USHAD WAGLE  
Sheth GS Medical College,  
Parel, Bombay 400 012, India

- 1 Thin RNT, Atia W, Parkar JVJ, Nicol CS, Canti G. Value of Papanicolaou stained smears in the diagnosis of trichomoniasis, candidiasis and cervical herpes simplex virus infection in women. *Br J Venereal Dis* 1975;51:116–8.
- 2 Kiviat NB, Paavonen JA, Brockway J, et al. Cytologic manifestations of cervical and vaginal infections. 1. Epithelial and inflammatory cellular changes. *JAMA* 1985;253:989–96.
- 3 Meisels A, Fortin R. Condylomatous lesions of the cervix and vagina: 1. Cytologic pattern. *Acta Cytol* 1976;20:505–9.
- 4 Briggs RM, Holmes KK, Kiviat NB, Barkar E, Eschenback DA, De Jong R. High prevalence of cervical dysplasia in STD clinic patients warrants routine cytologic screening. *Am J Public Health* 1980;70:1212–4.
- 5 Abeywickreme I. Cervical cytology screening in sexually transmitted disease clinic for the first time in Sri Lanka. *Genitourin Med* 1989;65:98–102.
- 6 Joshi JV, Mali BN, Hazari KT, et al. Cytological manifestations of sexually transmitted diseases. *J Obstet Gynecol India* (In press).

### Antibiotic prophylaxis for cold coagulation of the cervix?

Intravaginal triple sulphonamide cream (Sultrin-Cilag Ltd) has previously been advocated as reducing postoperative complications and symptoms following cervical surgery.<sup>1–3</sup> This had been routinely prescribed following cold coagulation of the cervix in this department and accounted for 32% of the department antimicrobial budget. Since no evidence of the efficacy of Sultrin in this particular setting was available and some patients had reported the treatment as messy and unpleasant, a randomised, prospective trial was carried out comparing intravaginal Sultrin with oral metronidazole and no treatment.

One hundred and ten patients undergoing cold coagulation of the cervix were recruited from the colposcopy clinic at the Nottingham Department of Genitourinary Medicine. These patients had had abnormalities ranging

from wart virus changes to CIN 3 diagnosed from colposcopically guided punch biopsy 2 or more weeks prior to treatment.

After informed consent was obtained standard screening tests for sexually transmitted diseases<sup>4</sup> were carried out and cold coagulation was performed under lignocaine local anaesthesia. Patients were then randomly allocated to either: No treatment; metronidazole 200 mgs three times per day for seven days; or Sultrin cream applied intravaginally twice daily for seven days.

Six patients were excluded because of infection found in the entry screening tests and 89 who returned for review between 14 and 35 days were included in the analysis. At this time symptoms after cold coagulation and cervical appearance were noted. Results are shown in the table.

Statistics were by Chi squared analysis and Fishers exact test.

Whilst no differences were seen between the

Table Symptoms and signs on review

	Treatment Group			
	Metronidazole	Sultrin	No treatment	
Total number of patients	28	33	28	
Bacterial vaginosis at entry	7	7	8	p = NS
Discharge for < 6 Days	5	8	4	
7–13 Days	5	9	6	p = NS
> 14 Days	18	16	18	
Bleeding for < 6 Days	23	23	27	
> 7 Days	5	10	1	p = 0.025
Healed/clean and healing Cervix	14	27	22	p = 0.013

three groups with regards to the duration of discharge following treatment, patients in the no treatment group had significantly less post-operative bleeding than other groups ( $p = 0.025$ ). Healed or clean and healing cervixes were found at review in 50% of the metronidazole group compared with 92% in the Sultrin group and 79% in the control group ( $p = 0.013$ ).

The 110 patients had originally been intended to form a pilot study but since patient symptoms, particularly those of bleeding, were clearly worse with Sultrin and metronidazole worsened the rate of healing, the study was concluded at this point. How these antibiotic regimes impair cervical healing is unclear but perhaps it is due to a beneficial effect of the normal vaginal flora. The increased bleeding with Sultrin could be due to trauma from the intravaginal application. We conclude that the use of prophylactic antibiotics following cold coagulation of the cervix is not of benefit to patients.

DJ WHITE  
Department of Genitourinary Medicine,  
General Hospital,  
Birmingham B4 6NH, UK

R MALET  
Department of Genitourinary Medicine,  
Leicester Royal Infirmary,  
Leicester LE1 5WW

IH AHMED-JUSHUF  
Department of Genitourinary Medicine,  
City Hospital,  
Nottingham NG5 1PB

Address correspondence to: Dr DJ White

- 1 Kimbell N. Clinical evaluation of a multiple sulphonamide cream in post-operative treatment of diathermy of the cervix. *J Obstet Gynaecol* 1958;65:433-4.
- 2 Jacoby A, Bobker DL. Clinical evaluation of sulfonamides in cervical and vaginal therapy. *Am J Obstet Gynecol* 1952;63:1349-51.
- 3 Marbach AH. A multiple sulfonamide therapeutic measure in the postoperative care of the cervix and vagina. *Am J Obstet Gynecol* 1948;55:511-7.
- 4 Robertson DHG, McMillan A, Young H. *Clinical Practice in Sexually Transmitted Diseases*. Edinburgh Churchill Livingstone. 1989:99-100.

Accepted for publication 11 October 1991