Pseudomonas aeruginosa infections and HIV

Ali, et al. provide an interesting overview of their experience over a five year period with pseudomonas infections in HIV seropositive patients. Their report of an increase in the frequency of both pneumonic and septicaemic illness due to this organism concurs with other recent studies. Two points arise however, which merit further discussion. A report from this centre is incorrectly referred to as illustrating that pneumonias due to Staphylococcus aureus and nosocomially acquired gram-negative organisms occur with increased frequency in patients with indwelling central venous catheters (CVCs). In fact, what the quoted study demonstrated was an increased frequency of pseudomas as an isolate in the blood cultures of HIV seropositive patients with septicaemia (found in 19 of 52), especially those with indwelling CVCs, in only two of these patients was this due to pseudomas pneumonia. In the same study an apparent association with concurrent CMV infection was cautiously suggested, but the results of Ali et al do not support this.

More important and worthy of our consideration is their conclusion that the use of systemic pyreman-cys-prophylaxis is an independent risk factor for the development of Pseudomonas aeruginosa pneumonia is erroneous and is not supported by the data of these authors. As the authors note, the affected patient group were all in the advanced stages of HIV disease with low CD4 counts. Not surprisingly therefore, the vast majority were also on Pneumocystis carinii (PCP) prophylaxis. However, without showing an increased risk for this group over a similarly severely immunosuppressed matched group not taking PCP prophylaxis (for which obvious reasons would be difficult to gather), this conclusion cannot be drawn. The low CD4 count, on the other hand, may be the relevant variable.

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Carcinoma of the penis: A cluster of cases in young men

The authors of the recent article Carcinoma of the penis in a HIV positive patient emphasise that this malignancy is rare in the immunocompetent population, especially among young men. Indeed, in 1989 (the most recent year for which figures are available) there were only 45 notified cases in men under the age of 50 years in England and Wales.

It may therefore be of interest to report that recently, in the space of seven months, no fewer than four apparently immunocompetent men presented to this department with penile ulcerating lesions, all of whom were less than 50 years old. Although none of these patients had evidence of a high grade CIN and certainly none of them had cervical cancer. All of the more severe cytological abnormalities occurred in women with trichomoniasis and gonorrhoea.

A cluster of cases in young men

Thus, although the reports are preliminary, two of the authors returned to Italy where they conducted a more rigorous study, which demonstrated no evidence of an association between genital warts and subsequent carcinoma in situ or cervical cancer. Ever since discovering the second negative paper it has always amazed me how widely quoted is the first paper by these authors, whilst the second is almost universally ignored. Is it because the first paper was in a British journal and the second one in an American journal? Did the first paper have a "snappier title" or was it because the first paper confirmed people's prejudices and the second didn't? The original idea of an association was further refuted by our own work.

Could it be that the myth of genital warts needs the same treatment as the other myth about cervical cancer—that "it has been 150 years now, no one has ever occurred in virgins"—finally debunked in 1992?

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4 Vecchia C, Franceschi S, Decarl A, et al. Sexual factors, venereal disease and risk of both preinvasive and invasive cervical neo-

Pneumococcal vaccine and HIV infection

Hellberg and colleagues state "An association between cervical dyskaryosis, as well as the role of HPV in cervical cancer in situ and in invasive cancer, has been demonstrated." They quote Franceschi and colleagues in support of this claim.

Sheppard and colleagues report the psychological distress of patients diagnosed with genital warts for whom "...there is the fear of the link between genital warts and cervical cancer".

The paper which is frequently quoted as establishing a link between genital warts and cervical cancer by Franceschi and colleagues did not say such thing. These authors studied women attending a genitourinary medicine clinic, who had smears taken.