A case cluster of possible tissue invasive gonorrhoea

I read with great interest the report by Brook et al of a cluster of five cases of invasive gonococcal infection. The authors apparently are unaware of a similar report published over twenty years ago. We described a cluster in which a male patient with gonorrhea infected seven of eight female contacts. Two other female partners could not be located. Among the seven infected women, two had disseminated gonococcal infection, four had pelvic inflammatory disease, and one had a Bartholin gland abscess. Three weeks after successful treatment of his urethritis, the male index case returned with disseminated gonococcal infection, having resumed intercourse with some of the same partners prior to their diagnosis and treatment.

In 1973 we lacked the ability to definitively prove that all of our patients were infected with the same strain of Neisseria gonorrhoeae. However, the epidemiologic circumstances made it clear that most or all of the patients in fact shared a common strain. We also cited several other reports from 1940 to 1972 that documented complications of gonococcal disease in couples or in mother-infant pairs. Collectively, these reports provided the first hint of variations in pathogenicity among gonococci.

There doesn't seem new under the sun (to coin a phrase)!

H. Hunter Handsfield
Hastings Medical Center
325 Ninth Avenue,
Box 359799
Seattle, Washington
98104-2499 U.S.A.

Pneumococcal vaccine and HIV infection

Hibbitt 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 is that of Franceschi and colleagues. This study did not have such a thing. These authors studied women attending a gynaecology medicine clinic, who had smears taken.

Among the women attending with genital warts there was a significant excess of smears showing "superficial dyskaryosis". None of these women had evidence of high grade CIN and certainly none of them had cervical cancer. All of the more severe cytological abnormalities occurred in women with trichomomas and gonorrhea.

Havlir et al.

An interesting account of the preliminary study, 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 cervical carcinoma, but did demonstrate an increase in viral 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 link to 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 proven by 150 years of evidence that it occurs in virgins"—finally debunked in 1991?

Malcolm Griffiths
Department of Obstetrics and Gynaecology
Launceston and Dunstable Hospital
North东路, Launceston, 
LD4 0DE

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 in 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 painful, ulcerating lesions, of unclear aetiology and of suspicious malignancy. The men's ages ranged from 34 to 48 years. Although none had a HIV test, they were all heterosexual with no high risk factors for HIV infection. Two of the four had clinical appearances suggestive of lichen sclerosus, a third had a history of genital warts and all were uncircumcised.