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 gonorrhoea 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 gonorrhoea. I am not sure what has happened since then (to coin a phrase!)

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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 was published by Franceschi and colleagues in 1995. 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 gonorrhoea.

Having conducted this 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 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 hypothesis that 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 around for at least 150 years and no one ever gets it in virgins"—finally debunked in 1991?

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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 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 ulcerating lesions, with ulceration of 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.