Successful treatment of recalcitrant condyloma with topical cidofovir

Editor,—Despite the high prevalence of condyloma acuminata, their treatment remains unsatisfactory for both patients and physicians. Epidemiological studies estimated the prevalence of genital warts between 1–3% with a peak occurring in young adults. As a consequence, the economic burden of human papillomavirus (HPV) infection in the United States is estimated to exceed $8.5 billion per year. Current treatments rely on the ablation of warts (cryotherapy, laser vaporisation, electrodissection, or trichloroacetic acid) or the interruption of cell division (podophyllotoxin, intralesional or systemic interferon, and 5-fluorouracil). Recently, imiquimod has been successfully used as a topical immune response modifier for the treatment of external anogenital warts. However, there remains a substantial number of patients who fail to respond to traditional and newer drugs. We report on such a patient with recalcitrant condyloma acuminata on the glans and shaft of the penis who was successfully treated using the novel virustatic agent cidofovir.

Cidofovir is a nucleotide analogue of deoxyadenosine monophosphate (dCMP). Analogous to the metabolism of dCMP to dCTP, cidofovir is converted to the active cidofovir diphosphate that inhibits viral DNA polymerase, although it is not incorporated into viral DNA. The uptake of cidofovir into target cells is slow, but the intracellular half life of the various metabolites is between 6 and 87 hours, thus allowing infrequent dosing. Compared with the general mechanism of activation of dC dCMP, which requires phosphorylation by the virus encoded UL97 kinase, cidofovir diphosphate does not depend on viral infection for its phosphorylation and can therefore prime cells to an antiviral state (prophylaxis).

The metabolism of cidofovir is negligible, since the majority (>80%) is recovered unchanged in the urine. The principal systemic toxicity (nephrotoxicity) can be avoided by topical application.

This initial case report suggests that topical cidofovir may represent a valuable addition to the armamentarium of hard to treat condyloma. However, a careful evaluation of the dose and frequency of cidofovir application is warranted.

U R HENGG
Department of Dermatology and Venerology, University of Essen, Hufelandstrasse 55, 45122 Essen, Germany

G TIEtte
Hospital Pharmacy, University of Essen, Hufelandstrasse 55, 45122 Essen, Germany

Correspondence to: U R Hengge
dermatology@uni-essen.de


Accepted for publication 11 January 2000

Bladder carcinoma presenting to genitourinary medicine departments

Editor,—Large numbers of patients are seen in departments of genitourinary medicine with symptoms suggesting infection or inflammation of the genitourinary tract. Although bladder neoplasms typically cause painless haematuria, in a subgroup of patients they cause other urinary symptoms that may produce diagnostic confusion. We identified five patients who were referred to the genitourinary medicine service, and who were found to have bladder carcinoma (see table 1). Four of the patients presented to the genitourinary medicine department at High Wycombe (5500 new attendances per annum) between 1991 and 1998; the fifth patient presented to the Oxford genitourinary medicine department (9000 new attendances per annum) in 1997. None of the patients had an occupational history that placed them at higher risk for bladder cancer.

Men with bladder carcinoma typically present in later life (median age 73 years), but the condition may occur at younger ages. A subgroup of patients develop frequency, urgency, and dysuria—symptoms usually associated with bladder infection. Rarely, penile and perineal pain mimicking prostatitis may be a presenting feature, as in patients 3 and 4, who have been described in more detail elsewhere.

Non-specific urethritis (NSU) is diagnosed commonly in genitourinary medicine clinics in men of all ages. In this series, patient 2 was referred with presumed NSU, and patient 4 had attended previously with a diagnosis of NSU. 2 years before the bladder cancer was diagnosed (at that time there were 5–10 white cells/high power field (<10000) on a urethral smear, and a chlamydia ELISA test and cultures for Neisseria gonorrhoeae were negative; no haematuria was detected). Both patients were subsequently noted to have neoplastic infiltration in the bladder neck area and prostatic urethra.

In all five cases a degree of persistent microscopic haematuria was noted on examination; in patient 4 this was never greater than a trace on dipstick testing. Patient 1 reported intermittent painless macroscopic haematuria at presentation; he was referred by his general practitioner with suspected

Figure 1 Condylomata acuminata with some lesions in the coronary sulcus having a more verruciform appearance.
Atrial myxoma and HIV infection

**Editor,—** Atrial myxoma has not previously been reported in HIV infection. We describe a patient with an advanced HIV disease who underwent surgery for this condition.

The patient was diagnosed with asymptomatic HIV infection in February 1987 when she was aged 50 years. Her CD4 count was 690 × 10^6/l at this time. HIV infection was acquired through sexual intercourse with a bisexual male partner. In December 1990 the CD4 lymphocyte count had fallen to 190 × 10^6/l and zidovudine monotherapy was started. This was continued until 1996 when she was prescribed a combination regimen. Co-trimoxazole was given for *Pneumocystis carinii* prophylaxis, but the patient deferred prophylaxis, but the patient deferred

© 2000 BMJ Publishing Group. All rights reserved.

Sex Transm Infect: first published as 10.1136/sti.76.2.147 on 1 April 2000. Downloaded from http://sti.bmj.com/ on January 7, 2021 by guest. Protected by copyright.
endogenous healthy vaginal lactobacillus? In an interesting hypothesis, Blackwell described the possible effect of biochemical and microbial abnormalities in the vagina on BV recurrence. She also quoted Berger’s description of concordant vaginal floras in lesbian couples, suggestive of a mechanical transfer of an infectious agent. Is it not possible for mouth organisms or hostile salivary enzymes to induce biological and microbial abnormalities in the vagina? Furthermore, mechanical transfer of infectious agents in lesbian couples is most likely to occur via cunnilingus, a not uncommon practice among lesbians. Cunnilingus is a common fact of sexual life. The dynamics of this practice vary considerably. If association between BV and oral sex is ever confirmed, would the degree of tongue penetration be a factor and should it be incorporated in the aetiology equation? Further and more extensive studies are certainly indicated.

<table>
<thead>
<tr>
<th>Lesbians</th>
<th>No of women</th>
<th>BV diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>17</td>
<td>6 (35%)</td>
</tr>
<tr>
<td>Practised receptive cunnilingus in previous 4 weeks</td>
<td>9</td>
<td>6 (67%)</td>
</tr>
<tr>
<td>Did not practise receptive cunnilingus</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heterosexual women</th>
<th>No of women</th>
<th>BV diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>256</td>
<td>55 (21%)</td>
</tr>
<tr>
<td>Practised receptive cunnilingus in previous 4 weeks</td>
<td>111</td>
<td>41 (37%)</td>
</tr>
<tr>
<td>Did not practise receptive cunnilingus in past 4 weeks</td>
<td>145</td>
<td>10 (7%)</td>
</tr>
</tbody>
</table>

Only when it becomes widely known in a clinic that such confidentiality is thoroughly pursued will counterproductive fears be eliminated. With understanding and cooperation it can be done.

SAKINA RASHID
Department of Genito-Urinary Medicine, Sunderland Royal Hospital, Kayll Road, Sunderland SR4 7TP


Sexual partner reduction and HIV infection

EDITORS—We recently conducted a national urban random sample survey of 1400 men of sexually active age in the Dominican Republic to measure possible change in sexual behaviour. This sexual behaviour change (SBC) survey was prompted by results from the 1996 demographic and health survey, which found that 84.8% of a national random sample of Dominican men claimed that they had changed their behaviour in some way because of their fear of, or concern about, AIDS. The proportion of respondents reporting behaviour change such as becoming monogamous or reducing their number of sexual partners was about triple the proportion reporting condom adoption. In our SBC survey, 79% of respondents claimed to have changed behaviour because of concern about AIDS. A majority (52.2%) said they had become monogamous or reduced their number of sexual partners. This was followed by condom adoption (14.6%), only having sexual relations with a person they know (13.9%), avoiding relations with “prostitutes” (9.0%), or becoming abstinent (1.6%). A small proportion (2.8%) had not yet begun to have sexual relations. As with the Dominican DHS findings, we see that most answers are classifiable as behaviour change, as distinct from condom adoption. This follows a pattern found in recent studies in countries such as Uganda and Zambia. A recent review of findings from behavioural change surveys in 16 countries in Africa, Latin America, and the Caribbean shows that partner reduction is more often reported than condom adoption. If sizeable numbers of men reduce their number of sexual partners, can this have significant impact on HIV infection rates? Urban HIV seroprevalence among the general or low risk Dominican population seems to have stabilised at the 1.0–2.0% level since 1995, according to the US Census Bureau. Recent studies that have modelled the impact of different interventions on HIV infection rates in east Africa suggested that reduction in number of partners can have a great impact on averting HIV infections, in fact greater than either condom use or treatment of STDs. Of course, impact of partner reduction on HIV infection rates would be especially strong where there is relatively high HIV seroprevalence among potential partners. In view of these modelling studies as well as population based surveys such as the two cited from the Dominican Republic, perhaps there ought to be greater equity in resource allocation between HIV/AIDS prevention programmes promoting behaviour change—such as monogamy/fidelity or at least reduction of number and frequency of change of sex partners—and far more familiar programmes that promote and provide condoms.

EDWARD C GREEN
ALDO CONDE
2807 38th Street, NW, Washington, DC 20007, USA

Accepted for publication 25 February 2000

Features of AIDS and AIDS defining diseases during the highly active antiretroviral therapy (HAART) era, compared with the pre-HAART period: a case-control study

EDITORS—To assess the features of AIDS defining illnesses during the HAART era versus those observed before the introduction of HAART, the characteristics of 72 consecutive patients diagnosed in 1992 are compared with those of 144 subjects randomly selected from the 436 patients diagnosed from 1985 to 1995, in a case-control study. An impressive drop in AIDS diagnosis was seen shortly after the introduction of HAART, with only 38, 21, and 13 cases per 1000 patient years observed in 1997, 1998, and 1999 respectively, versus a mean frequency >60 cases per >1000 patient years, demonstrated during the pre-HAART period. The tendency towards an increased incidence of female sex was shown in 1997–9 compared with 1985–95 (33.3% versus 27.1%), together with a rise of mean CD4 lymphocyte count (86.8 (SD 99.4) versus 72.1 (93.7) cells × 10^9/L), while an increase in the mean patient age was highly significant (39.8 (8.3) versus 34.6 (7.7) years; p<0.0001). When considering the exposure to HIV infection, drug abuse became significantly less important in the HAART era (p<0.05), while heterosexual transmission was notably increased (34.7% versus 13.2% of cases; p<0.0003). The distribution of AIDS defining disorders during the HAART era showed an tendency to a reduction in cytomegaloviralosis, cryptococcosis, mycobacteriosis, cryptosporidiosis, and HIV encephalopathy, while a relative decrease in toxoplasmosis and Kaposi’s sarcoma were not significant (table 1). However, while pneumocystis infection, Candida loeshephiaghasis, neurotoxococcosis, and Kaposi’s sarcoma represented the four most frequent AIDS related events in both study periods, cytomegalovirus, HIV encephalopathy, cryptococcosis, and mycobacteriosis (which ranked fifth to eighth in


Table 1 BV prevalence results

Letters, Book reviews, CD-Rom reviews, Notices, Correction, Current publications

Letters, Book reviews, CD-Rom reviews, Notices, Correction, Current publications
frequency during the pre-HAART era, virtually disappeared after the introduction of HAART (28 versus four overall cases; p<0.007), together with cryptosporidiosis. Neoplasms and HIV related disorders (encephalopathy and wasting syndrome) showed a slightly increased frequency during the HAART era (16.8% and 9.2% during 1997–9, versus 13.2% and 7.9% respectively, during the pre-HAART period). A considerable increase in the mean CD4+ count was found during the HAART era for all AIDS related illnesses considered, except neurotoxoplasmosis. However, this increase in CD4+ count was significant only for Candida infections (p<0.04), wasting syndrome (p<0.03), and tuberculosis (p<0.03), probably because of small patient samples. Only seven of the 72 patients who developed AIDS since 1997 (9.7%), were effectively treated with HAART for more than 3 months before diagnosis; in the remaining 65 cases HIV infection was detected concurrently with an AIDS defining event in subjects who were unaware of their condition (40 cases), or refused HAART or carried out it with poor adherence (25 patients).

Although a sharp decline in the incidence of multiple AIDS defining events was demonstrated with the introduction of HAART, the distribution of primary AIDS associated diseases showed limited modifications.4,5 An increased incidence of women, a higher patient age, a greater role for heterosexual transmission compared with injecting drug addiction, and a rise in CD4+ count were disclosed by us in the HAART era compared with the pre-HAART period. Appreciable modifications of the spectrum of AIDS associated illnesses were also observed during the HAART era (a drop of cytomegalovirusis, cryptococcosis, mycobacteriosis, cryptocapnia, and HIV encephalopathy (AIDS-dementia complex), as well as a trend to increased mean CD4+ count at diagnosis, as previously noted.4,5) Disorders which are directly or indirectly associated with HIV damage itself, AIDS related neoplasms, and opportunistic diseases occurring with a less profound immunodeficiency, show a substantially stable or even increasing incidence among newly diagnosed cases of AIDS.4,5 However, opportunistic diseases related to a severe immunodeficiency are still frequent among AIDS defining events, since the majority of cases identified during the HAART era occur in patients who are not aware of their disease, or fail HAART. Only early detection and aggressive treatment of HIV infection may definitively improve the epidemiology of AIDS; a continued surveillance of AIDS related disorders remains critical for the implementation of therapeutic and prophylactic strategies.

THE EUROPEAN CONTEXT

In Europe, studies comparing the pre-HAART and HAART era are also available. In a study conducted in the Goteborg Hospital, almost half (48%) of the patients diagnosed with AIDS in 1987–1994 were diagnosed in the pre-HAART era, while the remaining 52% were diagnosed in the HAART era. The incidence of AIDS defining events during the pre-HAART era occurs in patients who are not aware of their disease, or fail HAART. Only early detection and aggressive treatment of HIV infection may definitively improve the epidemiology of AIDS; a continued surveillance of AIDS related disorders remains critical for the implementation of therapeutic and prophylactic strategies.

REFERENCES


Accepted for publication 25 February 2000

BOOK REVIEWS

Hustling for Health. Developing Services for Sex Workers in Europe. Pp 83; Price 10 euros. The European Network for HIV/STD Prevention in Prostitution (EUROPAP/TAMPEP), 1998. Contact Judith Kilvington/Helen Ward, Coordinating Centre, European Network for HIV/STD Prevention in Prostitution, Department of Epidemiology and Public Health, Imperial College School of Medicine, London W2 1PG (tel: 0207 594 3318; fax: 0207 402 2150; email: europap@ic.ac.uk). (Also available in nine other European languages (Danish, Finnish, Flemish, French, German, Greek, Italian, Portuguese, Spanish), and the full text (without illustrations) can be found online on the website (http://www.med.ic.ac.uk/dfl/hv/europap/hustling.htm).)

How do you begin to address the sexual health needs of commercial sex workers (CSWs)? Here you will find (most of) the answers. This immensely practical book is essential for those setting up an outreach service, or simply wishing to know more about commercial sex work. It is the outcome of a series of projects and workshops, written by providers providing services to CSWs throughout Europe, and draws from the lessons learnt by these pioneering workers and clients. It is written with great clarity and frankness. The A4 layout is bold, imaginative, and attractive, with illustrations of promotional literature. Its European inclusiveness means that sadly it cannot be specific regarding, for example, the law as it applies to commercial sex. It does, however, give the broad framework with which providers must acquaint themselves wherever they work. It takes us through the steps; sources of funding, the scope of the service, useful contacts, where to make contact with CSWs, and so on. Importantly, in the current climate there are sections on evaluation and monitoring of the service, the legal and political context of the work, and dealing with the media. It stresses the heterogeneous nature of commercial sex workers whether male, female, or transsex, and the spectrum of commercial sex venues. Peer educator programmes are covered in some detail.

There are fascinating pieces of practical advice—for example, cooperate with police, but don’t be identified too closely with law enforcement. Advising police of your outreach vehicle’s registration number may prevent you being stopped for kerb crawling! You can set up a flawless screening service and find only a few CSWs attend. The book reminds us middle class, health care professionals that, for many, sexual health is not a priority. We are perplexed when faced with professionals that, for many, sexual health is not a priority. We are perplexed when faced with clients that, for many, sexual health is not a priority. We are perplexed when faced with

CHILDREN IN MIND


The Audit Commission, established in 1983, reports on a 2 year study of the specialist Child and Adolescent Mental Health Services (CAMHS) as provided by local authorities and NHS trusts. Local information has been processed centrally to generate facts and figures and comparative data.
The 13,000 bodies providing CAMHS spend £100 billion (sic) of public money annually in England and Wales. The Commission's team of seven have met with external advisers with a view to shaping the audit, its comments, and guidance. The aim is to achieve economy with efficiency and effectiveness. The report is in five chapters: five and five helpful appendices. It lists 71 references and has an index.

Under the heading "The changing context" it is revealed that one in five children and adolescents (alas, not diabetes) suffers from a wide range of mental health problems of variable degrees of severity from social ineptitude through psychological to severe psychiatric disorder. Strong links are noted with juvenile crime, alcohol and drug abuse, eating disorders, and of course self harm.

The key components of the CAMHS are viewed as four "tiers": (a) Those providing primary intervention, eg, GPs, health visitors, residential social workers, juvenile justice workers, school nurses, and teachers. (b) Professional providers of services, eg, clinical and educational psychologists, paediatricians, child psychiatric nurses in the community, and child psychiatrists. (c) High grade specialist services for severe, complex and persistent disorders, eg, child psychiatrists, community psychiatric nurses, psychotherapists, occupational therapists and art, music, and drama therapists. (d) Consists of hospital services especially unnamed "highly specialised outpatient teams". This clearly applies to accident and emergency departments, obstetric and gynaecology departments, and geriatric medicine departments. These deal very adequately with self poisoning episodes, premarital abortions, and sexually acquired infection, but fail to see the underlying behaviour as but one manifestation of an ongoing complex of mental social pathology. Clearly, services for the care of our adolescents, unlike paediatrics and geriatrics, are seriously fractioned. The detail given is not consistent, being comprehensive for chancroid and granuloma inguinale, and surprisingly brief for HIV and chlamydia by way of contrast. Then follows a description of collection and transport requirements, and of techniques for diagnosis. The emphasis is on tests that are possible in a reasonably well equipped laboratory. A useful guide to the relevant populations and to give an accurate epidemiological picture of their prevalence in a particular community is not tender to the relevant populations and ensure optimal and economic use of available resources. Yet, the availability of both funds and technology varies widely between different settings.

This manual sets out to give comprehen- sive guidance on tests available and applicable to the level of expertise and funding available.

Nine chapters cover the major STDs, encompassing bacterial and viral infections, and under the umbrella of vaginitis in adults; trichomoniais, candidiasis, and bacterial vaginosis. Each chapter begins with a brief description of the microbiology of the infective agent and the clinical spectrum of disease. The detail given is not consistent, being comprehensive for chancroid and granuloma inguinale, and surprisingly brief for HIV and chlamydia by way of contrast. Following a description of collection and transport requirements, and of techniques for diagnosis. The emphasis is on tests that are possible in a reasonably well equipped laboratory. A useful guide to the relevant populations and to give an accurate epidemiological picture of their prevalence in a particular community is not tender to the relevant populations and ensure optimal and economic use of available resources. Yet, the availability of both funds and technology varies widely between different settings.

Two annexes cover media, reagents and stains, and details of equipment required to diagnose each condition. A third annex is an interesting table of which tests should be available at "peripheral," "intermediate," and "central" laboratories.

Facing HIV: A Resource for Primary Healthcare: Contributors: Annalisa Rossi, Margaret Allen, Sirrika-Lisa Nurtkalla, Begona Gros, Cristina Martinez-Bueno. £29.38. East Lancashire Health Authority, South Lancashire Health Authority, University of Central Lancashire, The Faculty of Health, and The Centre for Learning Technologies at the University of Central Lancashire.

This is an interesting CD Rom which gives a very personal guide to issues surrounding HIV—covering the experience of the patient, carer and healthcare professionals.

Four main sections cover the following areas: Living with HIV, Is HIV different? Loss, grieving and bereavement, Supporting people affected by HIV.

These areas are illustrated by short video clips and backed up by further information. Basic information is given about HIV treatment, the impact of diagnosis and of ill health, and other related topics. Unfortunately the information about drug treatment is already outdated and there is no search facility.

The strength of this CD Rom is the view it gives of the emotional responses to HIV and the strategies for coping with the infection from the viewpoint of those involved. The academic content is limited but it is worth a look for the patient perspectives.

GEOFFREY L RIDGWAY
Department of Clinical Microbiology, UCH Accident and Emergency Building, London WC1E 6DB

CD-ROM REVIEWS


This is a superb CD Rom covering various aspects of HIV and AIDS by means of interactive tutorials. It is clear, concise, and up to date and has tutorials under the following headings: Overview, Biology of HIV, Natural history, Infections and malignancies, Epidemiology, Transmission and risk factors, Prevention, Diagnosis and monitoring, Women and children, Management, Social and psychological issues.

Each tutorial is self contained (which does lead to some duplication) and has self assessment questions—usually with click and drag matching of statements or true/false boxes. The information itself is well illustrated and contains animations and a video clip, together with further information/annnotations in pop up boxes. At the end of each section there is a set of summary points, a reading list, and further activities such as internet sites.

There is a searchable picture index which allows you to search, view, and save sets of images for reference and lectures (although copyright does apply), and a glossary of terms.

Overall this is an excellent CD Rom providing good information, presented in an attractive and usable way, with a wealth of illustrations. I would strongly recommend it.

SARAH EDWARDS
Department of GU Medicine, West Suffolk Hospital, Bury St Edmunds, Suffolk, IP32 1GZ

Letters, Book reviews, CD-ROM reviews, Notices, Correction, Current publications 147
NOTICES

9th International Congress on Infectious Diseases, 9–12 April 2000, Buenos Aires, Argentina
Further details: International Society for Infectious Diseases, 181 Longwood Avenue, Boston, MA 02115, USA (tel: (617) 277-0551; fax: (617) 731-1541; email: isidbox@aol.com)

Sexually Transmitted Diseases in a Changing Europe, 14–15 April 2000, Rotterdam, The Netherlands
Further details: Medisicon, Organisation for Medical Congresses, PO Box 113, 5660 AC Geldrop, Netherlands (tel: +31-(0)40-2852212; fax: +31-(0)40-2851966; email: bozchod@amb.ac.bialystok.pl).

20th Scientific Conference of Venereological Section of the Polish Society of Dermatologists, Bialystok, 28–30 April 2000
The conference will be on epidemiological and clinical aspects of sexually transmitted infections. Further details: Dept Dermatology and Venereology, Sw Rocha 3, 15-879 Bialystok, Poland (tel/fax: (085) 7422778; email: bozchod@amb.ac.bialystok.pl).

Joint meeting of the MSSVD and the ASTDA, 3–7 May 2000, Baltimore Marriott Inner Harbor Hotel, Baltimore, Maryland, USA
Further details: Dr Keith Radcliffe, honorary assistant secretary, MSSVD (tel: +44(0)121-237 5729; email: k.w.radcliffe@bham.ac.uk).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics, and Gynaecology, Advanced Course in Fetal Medicine, 22–24 May 2000
Further details: Symposium Office, Imperial College School of Medicine, Queen Charlotte’s and Chelsea Hospital, Goldhawk Road, London W6 0XG (tel: 020 8383 3904; fax: 020 8383 8555; email: symprec@ic.ac.uk).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics, and Gynaecology, Advanced Course for Obstetricians and Gynaecologists, 19–23 June 2000
Further details: Symposium Office, Imperial College School of Medicine, Queen Charlotte’s and Chelsea Hospital, Goldhawk Road, London W6 0XG (tel: 020 8383 3904; fax: 020 8383 8555; email: symprec@ic.ac.uk).

Australasian Sexual Health Conference, Van Tropplo, Carlton Hotel, Darwin, Northern Territory, 21–24 June 2000
Further details: Shirley Corley, Conference manager, Dart Associates, PO Box 781, Lane Cove, 2066 NSW, Australia (tel: 02 9418 9396/97; fax: 02 9418 9398; email: dartconv@mpx.com.au).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics, and Gynaecology, Caring for Sexuality in Health and Illness (for healthcare professionals and nurses), jointly with Association of Psychosexual Nursing 27 June 2000
Further details: Symposium Office, Imperial College School of Medicine, Queen Charlotte’s and Chelsea Hospital, Goldhawk Road, London W6 0XG (tel: 020 8383 3904; fax: 020 8383 8555; email: symprec@ic.ac.uk).

Sexual Health and HIV Conference: Facing the Millennium, Portsmouth Marriott Hotel, Portsmouth, 28 June 2000
Further details: Rebecca Mitchell (tel: 023 9286 6796; fax: 023 9286 6799).

6th ESC Congress on Contraception in the Third Millennium: a (R)Evolution in Reproductive and Sexual Health, Ljubljana, Slovenia, 28 June–1 July 2000
Further details: Orga-Med Congress Office, Mr Peter Erard, Essenestraat 77, B-1740 Ternat, Belgium (tel: +32 2 582 08 52; fax: +32 2 582 55 19; email: orgamed@village.uunet.be).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics, and Gynaecology, New Horizons in Recurrent Pregnancy Loss, 29 June–1 July 2000
Further details: Symposium Office, Imperial College School of Medicine, Queen Charlotte’s and Chelsea Hospital, Goldhawk Road, London W6 0XG (tel: 020 8383 3904; fax: 020 8383 8555; email: symprec@ic.ac.uk).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics, and Gynaecology, Bereavement, 5 July 2000
Further details: Symposium Office, Imperial College School of Medicine, Queen Charlotte’s and Chelsea Hospital, Goldhawk Road, London W6 0XG (tel: 020 8383 3904; fax: 020 8383 8555; email: symprec@ic.ac.uk).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics, and Gynaecology, Advances in Obstetric Medicine: International Meeting of Obstetric Medicine Societies (satellite to ISSHP, Paris, 6–7 July 2000
Further details: Symposium Office, Imperial College School of Medicine, Queen Charlotte’s and Chelsea Hospital, Goldhawk Road, London W6 0XG (tel: 020 8383 3904; fax: 020 8383 8555; email: symprec@ic.ac.uk).

XIII International AIDS Conference, 9–14 July 2000, Durban, South Africa
Further details: Congrex Sweden AB, PO Box 5619, Linnegatan 89A, 114 86 Stockholm, Sweden (tel: +46 8 459 6600; fax: +46 8 661 91 25; email: aids2000@congrex.se).

Further details: Congrex Sweden AB, PO Box 5619, Linnegatan 89A, 114 86 Stockholm, Sweden (tel: +46 8 459 6600; fax: +46 8 661 91 25; email: aids2000@congrex.se).

An error occurred in an original article by Hughes et al that appeared in the February issue of the journal (2000;76:18–24). In the participants section under West Midlands, “Dr Wade, Coventry and Warwickshire Hospital” should read “Dr Wade and Dr Allan, Coventry and Warwickshire Hospital.”

CORRECTION

Selected titles form recent reports published worldwide are arranged in the following sections:

- Gonorrhoea
- Chlamydia
- Candidiasis
- Bacterial vaginosis
- Trichomoniasis
- Pelvic inflammatory disease
- Syphilis and other treponematoses
- Hepatitis
- Herpes
- Human papillomavirus infection
- Cervical cytology and colposcopy
- Other sexually transmitted infections
- Public health and social aspects
- Microbiology and immunology
- Dermatology
- Miscellaneous

CURRENT PUBLICATIONS

Letters, Book reviews, CD-Rom reviews, Notices, Correction, Current publications

Sex Transm Infect: first published as 10.1136/sti.76.2.147 on 1 April 2000. Downloaded from http://sti.bmj.com/ on January 7, 2021 by guest. Protected by copyright.
Gonorrhoea

Neisseria gonorrhoeae infections in girls younger than 12 years of age evaluated risk factor for invasive cervical cancer.

Opa expression correlates with elevated transformation rates in Neisseria gonorrhoeae.

Chlamydia

Chlamydia trachomatis infection as a risk factor for invasive cervical cancer.
P. KOSKELA, T ANTILTA, T BJORK et al. Int J Cancer 2000;85:35–9

Screening for Chlamydia trachomatis in subfertile women.
S MACMILLAN, A TEMPLETON. Hum Reprod 1999;14:3009–12

Analysis of Chlamydia trachomatis serovars in endocervical specimens derived from pregnant Japanese women.

Molecular epidemiology of genital Chlamydia trachomatis infection in high-risk women in Senegal, West Africa.

Evaluation of a rapid assay for detection of Chlamydia trachomatis infections in outpatient clinics in South Kalimantan, Indonesia.

Seroreactivity to Chlamydia trachomatis Hsp10 correlates with severity of human genital tract disease.

Immunogenic and protective ability of the two developmental forms of Chlamydia in a mouse model of infertility.
S PAL, J RANGEL, EM PETERSON, LM DELAMAZA. Vaccine 1999;18:752–63

Subclinical chlamydial infection of the female mouse genital tract generates a potent protective immune response: implications for development of live attenuated chlamydial vaccine strains.

Isolates of Chlamydia trachomatis that occupy nonfusogenic inclusions lack IncA, a protein localized to the inclusion membrane.

The intercellular adhesion molecule type-1 is required for rapid activation of T helper type 1 lymphocytes that control early acute phase of genital chlamydial infection in mice.
JU IGITSEMIE, GA ANANDA, J BOLIER et al. Immunology 1999;98:510–8

Candidiasis

Species and genotypic diversities and similarities of pathogenic yeasts colonizing women.

Isolated candidal prostatitis.
A ELEFT, R VONKNOBLOCH, R NUSSE et al. J Urol 2000;163:244

Multilocus genotypes and DNA finger-prints do not predict variation in azole resistance among clinical isolates of Candida albicans.

Bacterial vaginosis

Prevalence of bacterial vaginosis and correlation of clinical to gram stain diagnostic criteria in low risk pregnant women.

Direct or referral microscopy of vaginal wet smear for bacterial vaginosis: experience from an STD clinic.
CS PETERSEN, AG DANIELSEN, J RINEBERG. Acta Dermato-Venereol 1999;79:473–4

Trichomoniasis

Improved diagnosis of Trichomonas vaginalis infection by PCR using vaginal swabs and urine specimens compared to diagnosis by wet mount microscopy, culture and fluorescent staining.

Pelvic inflammatory disease


Patterns of diagnosis and referral in women consulting for chronic pelvic pain in UK primary care.

Syphilis and other treponematoses

Response to standard syphilis treatment in patients infected with the human immunodeficiency virus.

Identification of Treponema pallidum subspecies pallidum in a 200-year-old skeleton specimen.

Validation of the INNO-LIA syphilis kit as a confirmatory assay for Treponema pallidum antibodies.

Hepatitis

Low risk of vertical transmission of hepatitis C virus by breast milk.

Urine from chronic hepatitis B virus carriers: implications for infectivity.

Herpes

Prevalence and incidence of herpes simplex virus type 2 infection among male Zimbabwean factory workers.

Relation between herpes simplex viruses and human immunodeficiency virus infections.
JL SEVERSON, SK TYRING. Arch Dermatol 1999;135:1393–7
Persistent stress as a predictor of genital herpes recurrence.

Rapid detection of HSV from cytologic specimens collected into ThinPrep fixative.

Treatment of primary herpes simplex virus infection in guinea pigs by imiquimod.

Protective immune correlates can segregate by vaccine type in a murine herpes model system.

Cellulose acetate phthalate (CAP): an ‘inactive’ pharmaceutical excipient with antiviral activity in the mouse model of genital herpesvirus infection.

Co-infection of acyclovir-resistant and acyclovir-sensitive herpes simplex type 2 virus strains in BS-C-1 cells.

Intracellular localization of the UL31 protein of herpes simplex virus type 2.

Human papillomavirus infection

Pernicious papillomavirus infection.

Type-specific persistence of human papillomavirus DNA before the development of invasive cervical cancer.

Epidemiology of acquisition and clearance of cervical human papillomavirus infection in women from a high-risk area for cervical cancer.
EL FRANCO, LL VILLA, JF SORRINO et al. Infect Dis 1999;180:1415–23

HPV transmission—still feeling the way.
A MINDEL, R TIDEMAN. Lancet 1999;354:2097

HPV DNA testing of self-collected vaginal samples compared with cytologic screening to detect cervical cancer.
TC WRIGHT, L DRINKY, L KUHN et al. JAMA 2000;283:81–6

HPV DNA testing in cervical cancer screening: results from women in a high-risk area for cervical cancer.
M SCHIFFMAN, R HERRERO, A HILDESHEIM et al. JAMA 2000;283:87–93

Human papillomavirus testing for primary cervical cancer screening.

HPV-based cervical cancer screening in a population at high risk for HIV infection.
SD WOZAWE, ZH CHINENJ, L GAFFRIG et al. Int J Cancer 2000;85:206–10

Screening for cervical neoplasia by self-assessment for human papillomavirus DNA.

Spontaneous evolution of human papillomavirus infection in the uterine cervix—a prospective observational study.

Seroreactivity to human papillomavirus type 16, 18, 31 and 45 virus-like particles in a case-control study of cervical squamous intraepithelial lesions.

Anal intraepithelial neoplasia.

A randomized, controlled, safety study using imiquimod for the topical treatment of anogenital warts in HIV-infected patients.

Human papillomavirus type 16 E6 variants in cervical carcinoma: relationship to host genetic factors and clinical parameters.

 Favorable clinical outcome of cervical cancers infected with human papilloma virus type 58 and related types.
HC LAI, CA SUN, MY YU et al. Int J Cancer 1999;84:533–7


Improved amplification of genital human papillomaviruses.

Additional human papillomavirus types detected by the hybrid capture tube test among samples from women with cytological and colposcopic atypia.

PCR-RFLP-detected human papilloma virus infection in a group of Senegalese women attending an STD clinic and identification of a new HPV-68 subtype.

Detection of human papilloma virus genomes by the primed in situ (PRINS) labelling technique.

DNA vaccination of mice with plasmid expressing human papillomavirus 6 major capsid protein L1 elicits type-specific antibodies neutralizing pseudovirions constructed in vitro.

Capture ELISA and in vitro cell binding assay for the detection of antibodies to human papillomavirus type 6b virus-like particles in patients with anogenital warts.
SW FENG, YI QI, N CHRISTENSEN et al. Pathology 1999;31:418–24

Detection of high-risk cervical intraepithelial neoplasia and cervical cancer by amplification of transcription derived from integrated papillomavirus oncogenes.
Antibodies against oncoproteins E6 and E7 of human papillomavirus types 16 and 18 in cervical-carcinoma patients from Russia.

HPV 16 E6 blocks TNF-mediated apoptosis in mouse fibroblasts LM cells.
PJ DUBERRENSHUGHS, J YANG, SB SCHWARTZ. Virology 1999;264:55–65

CD4(+) tumor-infiltrating lymphocytes in cervical cancer recognize HLA-DR-restricted peptides provided by human papillomavirus-E7.

The E6 protein of human papillomavirus type 16 binds to and inhibits co-activation by CBP and p500.
P. PATEL, SM HUANG, LA BAGLIA, DJ MCCANCE. EMBO J 1999;18:5061–72

The human papillomavirus type 16 E5 protein modulates phospholipase C-γ-1 activity and phospatidyl inositol turnover in mouse fibroblasts.
K CRUSIO, M KASZKIN, V KINZEL, A ALONSO. Oncogene 1999;18:6714–8

Interaction between the HPV-16 E2 transcriptional activator and p53.
P. MASSIMI, D PIM, C BERTOLI et al. Oncogene 1999;18:7748–54

The E8–E2C protein, a negative regulator of viral transcription and replication, is required for extrachromosomal maintenance of human papillomavirus type 31 in keratinocytes.

The differentiation-specific factor CDP/CDP is required for extrachromosomal maintenance of HPV-16 E5.

Determination of the cost-effectiveness of mass screening for cervical cancer using common analytic models.

A prototype computer image-based Pananicoalau smear proficiency test.

The diagnostic value of computer-assisted primary cervical smear screening: a longitudinal cohort study.
H DOORNWAARD, YT VANDERSCHOUW, Y VANDERGRAAF et al. Mod Pathol 1999;12:995–1000

Detection of human herpesvirus 8 in cervical cells of Chinese women with abnormal Pananicoalau smear.

A study of the follow up patterns of women treated for CIN 2 and 3 before and after the introduction of the 1992 guidelines.
CH MAHN, S KHIK, A BROWN, CM LUESSE. Br J Obstet Gynaecol 1999;106:1126–9

Cidovifor, a new approach for the treatment of cervix intraepithelial neoplasia grade III (CIN III).

Effects of chemotherapy and tamoxifen on cervical and vaginal smears in bone marrow transplant recipients.

Serum carotenoids and vitamins and risk of cervical dysplasia from a case-control study in Japan.

Vaginal 5-fluorouracil for high-grade cervical dysplasia in human immunodeficiency virus infection: a randomized trial.

Preclinical feasibility study of NMP179, a nuclear matrix protein marker for cervical dysplasia.

Fhit alterations in cancerous and non-cancerous cervical epithelium.

Cytotoxic distending toxin of Haemophilus ducreyi induces apoptotic death of Jurkat T cells.

Public health and social aspects

Encouraging use of coupons to stimulate condom purchase.
DW DAIHL, GJ GORK, CB WEINBERG. Am J Public Health 1999;89:1866–8

Microbiology and immunology

Human herpesvirus 8 cellular immune responses in homosexual men.

Correlation of behaviours with microbiological changes in vaginal flora.
JR SCHWERKE, CM RICHE, HL WEISS. J Infect Dis 1999;180:1632–6

The identification of vaginal Lactobacillus species and the demographic and microbiologic characteristics of women colonized by these species.

Common mucosal immunity: a novel hypothesis.
FA MOORE. Ann Surg 2000;231:9–10

Immunoglobulin concentrations and antigen-specific antibody levels in cervicovaginal lavages of rhesus macaques are influenced by the stage of the menstrual cycle.

Evaluation of the bacterial flora of the prostate using a 16s rRNA gene based polymerase chain reaction.

Dermatology

Incidence of preputial lichen sclerosus in adults: histologic study of circumcision specimens.

Penile cancer among patients with genital lichen sclerosus.
Vulvar lichen sclerosus: an immunologic study.

Guidelines for management of Bowen's disease.

Vulvar melanoma, biologically different from other cutaneous melanomas.

Cytomegalovirus balanitis in a renal transplant recipient.

The imidazooquinolines, imiquimod and R-848 induce functional but not phenotypic systemic vasculitis.

Miscellaneous

The staying power of sexually transmitted diseases.

Breaking the silence surrounding rape.
S Ramsay. Lancet 1999;354:2018

Seasonal variations in sexual activity and their implications for sexual health promotion.

Future change in sexual behaviour?

Symptoms of reproductive-tract infection—not all that they seem to be.
K Trollope-Kumar. Lancet 1999;354:1745

Reproductive-tract infections in women in low-income, low prevalence situation: assessment of syndromic management in Matlab, Bangladesh.

High prevalence and incidence of sexually transmitted diseases in urban adolescent females despite moderate risk behaviors.

Sexual and reproductive health: what about boys and men: Education and service provision are the keys to increasing involvement.
G Yamey. BMJ 1999;319:1315

Male adolescents and physician sex preference.

Repeated school-based screening for sexually transmitted diseases: a feasible strategy for reaching adolescents.

Lesbians' sexual history with men: implications for taking a sexual history.

Hysterectomy and sexual function.

Perineal anatomy and urine-voiding characteristics of young women with and without recurrent urinary tract infections.

Prophylactic antibiotics for intrauterine device insertion: a metaanalysis of the randomized controlled trials.

Iontophoresis for treatment of Peyronie's disease.

Secondary inflammation of the chronic prostatitis/chronic pelvic pain syndrome: a prospective biopsy study.

Treatment of intracorporeal injection nonresponse with sildenafil alone or in combination with triple agent intracorporeal injection therapy.

Vulvar lichen sclerosus: an immunologic study.

Guidelines for management of Bowen's disease.

Vulvar melanoma, biologically different from other cutaneous melanomas.

Cytomegalovirus balanitis in a renal transplant recipient.

The imidazooquinolines, imiquimod and R-848 induce functional but not phenotypic systemic vasculitis.

Miscellaneous

The staying power of sexually transmitted diseases.

Breaking the silence surrounding rape.
S Ramsay. Lancet 1999;354:2018

Seasonal variations in sexual activity and their implications for sexual health promotion.

Future change in sexual behaviour?

Symptoms of reproductive-tract infection—not all that they seem to be.
K Trollope-Kumar. Lancet 1999;354:1745

Reproductive-tract infections in women in low-income, low prevalence situation: assessment of syndromic management in Matlab, Bangladesh.

High prevalence and incidence of sexually transmitted diseases in urban adolescent females despite moderate risk behaviors.

Sexual and reproductive health: what about boys and men: Education and service provision are the keys to increasing involvement.
G Yamey. BMJ 1999;319:1315

Male adolescents and physician sex preference.

Repeated school-based screening for sexually transmitted diseases: a feasible strategy for reaching adolescents.

Lesbians' sexual history with men: implications for taking a sexual history.

Hysterectomy and sexual function.

Perineal anatomy and urine-voiding characteristics of young women with and without recurrent urinary tract infections.

Prophylactic antibiotics for intrauterine device insertion: a metaanalysis of the randomized controlled trials.

Iontophoresis for treatment of Peyronie's disease.

Behcet's syndrome: a multidisciplinary approach to clinical care.

Is there a place for large vessel disease in the diagnostic criteria of Behcet's disease?

Sexual and reproductive health: what about boys and men: Education and service provision are the keys to increasing involvement.
G Yamey. BMJ 1999;319:1315

Male adolescents and physician sex preference.

Repeated school-based screening for sexually transmitted diseases: a feasible strategy for reaching adolescents.

Lesbians' sexual history with men: implications for taking a sexual history.

Hysterectomy and sexual function.

Perineal anatomy and urine-voiding characteristics of young women with and without recurrent urinary tract infections.

Prophylactic antibiotics for intrauterine device insertion: a metaanalysis of the randomized controlled trials.

Iontophoresis for treatment of Peyronie's disease.

Behcet's syndrome: a multidisciplinary approach to clinical care.

Is there a place for large vessel disease in the diagnostic criteria of Behcet's disease?

Secondary inflammation of the appendix via the vagina.

Two forms of reactive arthritis?

Reactive or infectious arthritis.

Beaver fever—a rare case of reactive arthritis.
MT Tuchong, A Simor, C Defwar. J Rheumatol 1999;26:2701–2