A study on the possible association of dysfunctional uterine bleeding with bacterial vaginosis, mycoplasma, ureaplasma, and Gardnerella vaginalis

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LETTERS TO THE EDITOR

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Detection of 14-3-3 brain protein in cerebrospinal fluid of HIV infected patients

EDITOR,—The 14-3-3 proteins are a group of highly conserved proteins involved in intracellular signalling. Detection of 14-3-3 brain protein has been described in cerebrospinal fluid (CSF) of patients with transmissible spongiform encephalopathies including both sporadic and variant Creutzfeldt–Jakob disease.1,2 False positive results have been reported in conditions producing (sub)acute neuronal destruction, including herpes simplex encephalitis, ischaemic stroke, multi-infarct dementia, and paraneoplastic syndromes.1,3 We postulated that 14-3-3 brain protein may be detected in CSF from patients with HIV associated dementia complex (HADC) as this condition is characterised neuropathologically by a giant cell encephalitis, leukoencephalopathy, astroglisis and neuronal loss.

We prospectively studied 17 HIV antibody positive patients (14 men) aged 27–60 (median 37) years, with CD4 counts of 0–220 (median 20) cells × 109/l, who underwent lumbar puncture for investigation of HADC (six patients), staging of lymphoma (five patients), or investigation of other neurological diseases (two), cervical radiculopathy (one), chronic demyelinating polyradiculopathy (one), CMV encephalitis (one), self limiting headache (one). Of those with HADC, the severity of dementia assessed using Memo- rial Sloan-Kettering criteria,3 was mild in two and moderate in four. The degree of atrophy on cranial magnetic resonance imaging, used as a marker of neuronal loss, was mild in four and moderate in two. Clinical details of those with lymphoma are given in table 1. At each lumbar puncture an aliquot of CSF (250 µl) was frozen immediately at −20°C and stored for subsequent 14-3-3 protein analysis.

CSF was routinely processed as described previously.4 Detection of 14-3-3 protein was done without knowledge of the patient’s diagnosis, using a technique described by Hsich et al., modified to use anti-14-3-3-γ polyclonal rabbit antibody. In 14 of 17 patients CSF was negative for 14-3-3 protein. Of the three with detectable 14-3-3 protein in CSF, all had lymphoma but one had only CNS disease, the other two had only extraneural disease (table 1). These data, although from a small study population, suggest that detection of 14-3-3 protein in CSF is not useful for diagnosis of HADC. Detectable 14-3-3 protein has previously been reported in a non-HIV infected patient with CNS lymphoma,5 so this observation in our patient is not unique, although brain necrosis from coexisting cerebral toxoplasmosis provides an alternative explanation. Of the two patients with extraneural lymphoma and detectable 14-3-3 protein in CSF, one had EBV DNA in CSF and so was at high risk of developing cerebral lymphoma. This possibility could not be confirmed as necropsy was not performed. In neither of the latter two patients was there a CSF pleocytosis, so contamination by peripheral blood leucocytes is unlikely. In the final case the absence of limbic encephalitis or cerebellar degeneration makes it difficult to ascribe the finding to a paraneoplastic process.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Type of lymphoma</th>
<th>No of lumbar puncture</th>
<th>Interval between lumbar puncture (weeks)</th>
<th>14-3-3 detection</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary CNS</td>
<td>1</td>
<td>11</td>
<td>No</td>
<td>Died 2 weeks after second lumbar puncture</td>
</tr>
<tr>
<td>2</td>
<td>Primary CNS</td>
<td>2</td>
<td>3</td>
<td>Yes</td>
<td>Died 2 weeks after second lumbar puncture</td>
</tr>
<tr>
<td>3</td>
<td>Primary CNS</td>
<td>2</td>
<td>NA</td>
<td>No</td>
<td>Died 3 weeks later</td>
</tr>
<tr>
<td>4</td>
<td>Systemic, disseminated extraneural</td>
<td>1</td>
<td>NA</td>
<td>No</td>
<td>Died 6 weeks later</td>
</tr>
<tr>
<td>5</td>
<td>Systemic, extra neural</td>
<td>1</td>
<td>NA</td>
<td>Yes</td>
<td>Alive</td>
</tr>
</tbody>
</table>

CNS = central nervous system. NA = not applicable. EBV = Epstein–Barr virus. CSF = cerebrospinal fluid. MR = magnetic resonance. RT = radiotherapy. HAART = highly active antiretroviral therapy.
A catalogue of publications is available online (www.paho.org). The monthly journal of PAHO, the Pan American Journal of Public Health, is also available (subscriptions: pubsvc@tsp.sheridan.com).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics and Gynaecology, symposium on Maternal Mental Health and the Child, 12 October 2000
Further details: Symposium Office, Imperial College School of Medicine, Queen Charlottet’s and Chelsea Hospital, Goldhawk Road, London W6 0XG, UK (tel: +44 (0) 20 8383 3904; fax: +44 (0) 20 8383 8555; email: sympreg@ic.ac.uk).

11th Regional Meeting of International Union against Sexually Transmitted Infections, South East Asian and Western Pacific Branch and 24th National Conference of Indian Association for the Study of Sexually Transmitted Diseases and AIDS, 13–15 October 2000, Chandigarh, India
Further details: Dr Bhushan Kumar, Organising Secretary, 11th Regional Meeting of IUSTI–Asia Pacific (SE Asia and W Pacific Branch), Department of Dermatology, Venereology and Leprosy, PGIMER, Chandigarh – 160 012, India (tel: +91 (0172) 745330; fax: +91 (0172) 744401/745078; email: kumarbhushan@hotmail.com).

New Zealand Venereological Society Conference, Centennial Convention Centre, Palmerston North, New Zealand, 18–20 October 2000
Ka Hikutia Ka Koreroa Mo Te Tau Rua Mano (Maori Wkly “Talk the Talk 2000.”) Further details: Sue Peck, Conference Organiser, SP Conference Management, PO Box 4400, Palmerston North, New Zealand (tel: 64 357 1466; fax 64 357 1426; email: suepeck@xtra.co.nz).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics and Gynaecology, symposium on Women and Children with HIV and AIDS, 20 October 2000
Further details: Symposium Office, Imperial College School of Medicine, Queen Charlottet’s and Chelsea Hospital, Goldhawk Road, London W6 0XG, UK (tel: +44 (0) 20 8383 3904; fax: +44 (0) 20 8383 8555; email: sympreg@ic.ac.uk).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics and Gynaecology, symposium on key issues in the Care of Women and Gynaecological Cancers for nurses, 30 October 2000
Further details: Symposium Office, Imperial College School of Medicine, Queen Charlottet’s and Chelsea Hospital, Goldhawk Road, London W6 0XG, UK (tel: +44 (0) 20 8383 3904; fax: +44 (0) 20 8383 8555; email: sympreg@ic.ac.uk).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics and Gynaecology, symposium on care in the Management of HBV infection among MSM.

This study was supported financially by the research funders. We wish to thank the participants, the bar owners, managers, and staff. SCOTT D RHODES
Department of Health Behavior, School of Public Health, University of Alabama, Birmingham, Alabama, USA

RALTH J DICLEMENTE
Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, Atlanta, Georgia, USA

LELAND J VEE
Department of Epidemiology and International Health, School of Public Health, University of Alabama, Birmingham, Alabama, USA

KENNETH C HEGENHARTER
Department of Rehabilitation, Auburn University, Auburn, Alabama, USA

Correspondence to: Ralph J D’Clemente, Ph.D., Rollins School of Public Health, Emory University, 1518 Clifton Road, NE; BSHE/5th Floor, Atlanta, GA 30322, USA
rdclem@sph.emory.edu

NOTICES
International Herpes Alliance and International Herpes Management Forum
The International Herpes Alliance has introduced a website (www.herpesalliance.org) from which can be downloaded patient information leaflets. Its sister organisation, the International Herpes Management Forum (website: www.IHMF.org) has launched new guidelines on the management of herpesvirus infections in pregnancy at the 9th International Congress on Infectious Disease (ICID) in Buenos Aires.

Pan-American Health Organization, regional office of the World Health Organization

www.sextransinf.com

time during oral and anal intercourse, respectively. Given that HBV transmission usually results from mucous membrane exposure to infectious body fluids, including semen, the failure to vaccinate this high risk population is a missed opportunity to prevent disease.

Our findings suggest that MSM lack information about HBV risk and vaccination, and are engaging in behaviours that put them at risk for HBV infection. It is critical to develop innovative interventions that encourage condom use and increase knowledge of HBV vaccination among MSM.


Accepted for publication 17 July 2000

Further details: Symposium Office, Imperial College School of Medicine, Queen Charlottet’s and Chelsea Hospital, Goldhawk Road, London W6 0XG, UK (tel: +44 (0) 20 8383 3904; fax: +44 (0) 20 8383 8555; email: sympreg@ic.ac.uk).

Consortium of Thai Training Institutes for STDs and AIDS—International Reunion and Refresher Course on Sexual Health, Lee Garden Plaza Hotel, Hat Yai, Thailand 24–26 November 2000
Further details: Hat Yai Secretariat, Dr Verapol Chandeying, Dept of OB-GYN, Faculty of Medicine, Prince of Songkla University, Hat Yai, Songkla 90110, Thailand (fax: +66 (74) 446 361; email: cverapol@ratree.psu.ac.th or Bangkok Secretariat, Dr Thanit Palanuvej, Bangkok Hospital, 189 Sathorn Road, Bangkok 10120, Thailand (fax: +66(2) 286 3013; email: pthanit@email.ksc.net).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics and Gynaecology, revision course for DCH (at Wolfson Conference Centre), 13–17 November 2000
Further details: Symposium Office, Imperial College School of Medicine, Queen Charlottet’s and Chelsea Hospital, Goldhawk Road, London W6 0XG, UK (tel: +44 (0) 20 8383 3904; fax: +44 (0) 20 8383 8555; email: sympreg@ic.ac.uk).

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Royal Society of Medicine and National Institutes of Health International Conference, TSRM London, 7–8 December 2000
The RSM in London, UK, and the NIH in Bethesda, Maryland, US, are organising an international conference to be held at the RSM on “New trends in HIV management and research.” Further details: Victoria Boswell, Academic Conference Assistant, Royal Society of Medicine (tel: +44 (0)20 7290 2965; fax: +44 (0)20 7290 2977; email: victoria.boswell@roysocmed.ac.uk).

International Symposium on Disorders of the Prostate, 21–23 March 2001, Castres, France
Further details: Dr Mike Briley, Scientific Director, Pierre Fabre Medicament, Parc Industriel de la Chartreuse, F-81106 Castres Cedex, France (tel:+33 563 714 501; fax: +33 563 725; email: briley@pierre-fabre.imagenet.fr).

Call for papers—6th European Forum on Quality Improvement in Health Care, 29–31 March 2001, Bologna, Italy
Further details: BMA/BMJ Conference Unit, BMA House, Tavistock Square, London WC1H 9JP, UK (tel: +44 (0) 20 7293 6409; fax: +44 (0) 20 7293 8689; email: quality@bma.org.uk; website: www.quality.bmjg.com).

Further details: ECEAR ‘2001 Conference Secretary, Division of Retrovirology, NBSC, Blanche Lane, South Mimms, Potters Bar, Herts, EN6 3QG, UK.
CORRECTION

The paper by Hughes et al “Comparison of risk factors for four sexually transmitted infections: results from a study of attenders at three genitourinary medicine clinics in England" published in the August issue of STI (2000;76:262–7) contains errors in tables 1 and 2. The correct versions of these tables are published here. The multivariable statistical analyses presented in tables 3 and 4, on which the paper focuses and on which the discussion and conclusions are based, are unaffected by the errors and remain unchanged.

Table 1 Characteristics of patients attending three GUM clinics in England, April 1994 to September 1997

<table>
<thead>
<tr>
<th>Royal Hallamshire, Sheffield (%)</th>
<th>St Thomas’s, London (%)</th>
<th>Mortimer Market Centre (MMC), London (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total attenders</td>
<td>20 334</td>
<td>15 155</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>9 992 (49)</td>
<td>7 969 (53)</td>
</tr>
<tr>
<td>Females</td>
<td>10 314 (51)</td>
<td>7 186 (47)</td>
</tr>
<tr>
<td>Not recorded</td>
<td>28 (&lt;1)</td>
<td>80 (1)</td>
</tr>
<tr>
<td>Age group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13–15</td>
<td>189 (1)</td>
<td>64 (&lt;1)</td>
</tr>
<tr>
<td>16–19</td>
<td>3 319 (11)</td>
<td>977 (6)</td>
</tr>
<tr>
<td>20–24</td>
<td>5 672 (28)</td>
<td>3 199 (21)</td>
</tr>
<tr>
<td>25–34</td>
<td>7 809 (38)</td>
<td>7 425 (49)</td>
</tr>
<tr>
<td>35–44</td>
<td>4 254 (21)</td>
<td>3 485 (23)</td>
</tr>
<tr>
<td>Not recorded</td>
<td>91 (&lt;1)</td>
<td>5 (&lt;1)</td>
</tr>
<tr>
<td>Male sexual orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>10 145 (98)</td>
<td>7 097 (98)</td>
</tr>
<tr>
<td>Homosexual/bisexual</td>
<td>800 (8)</td>
<td>1 174 (15)</td>
</tr>
<tr>
<td>Not recorded</td>
<td>11 (&lt;1)</td>
<td>51 (1)</td>
</tr>
<tr>
<td>Ethnic group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>18 014 (89)</td>
<td>8 383 (55)</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>1 038 (5)</td>
<td>4 308 (28)</td>
</tr>
<tr>
<td>Black African</td>
<td>140 (1)</td>
<td>1 611 (11)</td>
</tr>
<tr>
<td>Asian</td>
<td>483 (2)</td>
<td>496 (3)</td>
</tr>
<tr>
<td>Other/mixed</td>
<td>297 (1)</td>
<td>357 (2)</td>
</tr>
<tr>
<td>Not recorded</td>
<td>362 (2)</td>
<td>5 381 (34)</td>
</tr>
<tr>
<td>Presenting diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital warts</td>
<td>1 976 (10)</td>
<td>963 (6)</td>
</tr>
<tr>
<td>Genital HSV</td>
<td>548 (3)</td>
<td>433 (3)</td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>389 (2)</td>
<td>559 (4)</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>2 175 (11)</td>
<td>752 (5)</td>
</tr>
<tr>
<td>Number of partners (heterosexuals):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–1</td>
<td>10 353 (53)</td>
<td>7 299 (53)</td>
</tr>
<tr>
<td>2</td>
<td>5 027 (26)</td>
<td>3 541 (26)</td>
</tr>
<tr>
<td>3+</td>
<td>3 04 (15)</td>
<td>2 802 (20)</td>
</tr>
<tr>
<td>Not recorded</td>
<td>13 (&lt;1)</td>
<td>159 (1)</td>
</tr>
<tr>
<td>Previous STI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5 791 (28)</td>
<td>5 807 (38)</td>
</tr>
<tr>
<td>Not recorded</td>
<td>3 (&lt;1)</td>
<td>7 537 (43)</td>
</tr>
<tr>
<td>Ever injected drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>361 (2)</td>
<td>228 (2)</td>
</tr>
<tr>
<td>Not recorded</td>
<td>2 (&lt;1)</td>
<td>7 486 (47)</td>
</tr>
<tr>
<td>Commercial sex work (ever)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>543 (3)</td>
<td>181 (1)</td>
</tr>
<tr>
<td>Not recorded</td>
<td>15 155 (100)</td>
<td>7 641 (48)</td>
</tr>
</tbody>
</table>

1 Data for 1 April 1994 to 30 September 1997.
2 Data for 1 April 1994 to 31 December 1996.
3 Data for 1996 only.
4 Includes “black other.”
5 First episode.
6 Uncomplicated infection.
7 Number of partners in past 12 months for Sheffield and St Thomas’s clinics and in past 3 months for MMC (see methods for details).

Table 2 Numbers of attenders diagnosed with first episode genital warts, first episode genital HSV, uncomplicated gonorrhoea and uncomplicated chlamydia, showing concurrent infections, in attenders at three GUM clinics in England, April 1994 to September 1997 (+ = present, − = absent)

<table>
<thead>
<tr>
<th>No of attenders (%)</th>
<th>Warts</th>
<th>HSV</th>
<th>Gonorrhoea</th>
<th>Chlamydia</th>
</tr>
</thead>
<tbody>
<tr>
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CURRENT PUBLICATIONS

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

Gonorrhoea
Chlamydia
Candidiasis
Bacterial vaginosis
Trichomonas
Syphilis and other treponematoses
Hepatitis
HIV
Human papillomavirus infection
Cervical cytology and colposcopy
Other sexually transmitted infections
Public health and social aspects
Microbiology and immunology
Dermatology
Miscellaneous

Gonorrhoea

Sexually transmitted disease clinic clients at risk for subsequent gonorrhoea and chlamydia infections—possible ‘core’ transmitters.

RA GUNN, S FITZGERALD, SO ARAL, J Infect Dis 2000;213:543–9

Gonorrhoea among men who have sex with men: outbreak caused by a single genotype of erythromycin-resistant Neisseria gonorrhoeae with a single-base pair deletion in mtrR promoter region.

MS XIA, WLH WHITTINGTON, WM SHAPER, KK HOLMES, J Infect Dis 2000;181:2080–2

Amultiplex polymerase chain reaction to differentiate β-lactamase plasmids of Neisseria gonorrhoeae.


A typing system for Neisseria gonorrhoeae based on biotinylated oligonucleotide probes to PIB gene variable regions.

DK THOMPSON, CD DEAL, CA ISON et al, J Infect Dis 2000;181:1652–60

The lipopolysaccharide structures of Salmonella enterica serovar typhimurium and Neisseria gonorrhoeae determine the attachment of human mannose-binding lectin to intact organisms.


Expression of AniA, the major anaerobic outer membrane protein of Neisseria gonorrhoeae, provides protection against killing by normal human serum.

JA CARDINALE, VL CLARK, J Infect Dis 2000;182:574–83
Chlamydia

Duration of untreated genital infections with Chlamydia trachomatis—a review of the literature.

Urogenital Chlamydia trachomatis se-rovars in men and women with a symptomatic or asymptomatic infection: an association with clinical manifestations?

Relationship of hormonal contraception and cervical ectopy as measured by computerized planimetry to chlamydial infection in adolescents.

Pooling cervical swabs and testing by ligase chain reaction are accurate and cost-saving strategies for diagnosis of Chlamydia trachomatis.

Reproducibility problems with the Abbott Laboratories LCx assay for Chlamydia trachomatis and Neisseria gonorrhoeae.

An important proportion of genital samples submitted for Chlamydia trachomatis detection by PCR contain small amounts of cellular DNA as measured by β-globin gene amplification.

Effects of estradiol and progesterone on susceptibility and early immune responses to Chlamydia trachomatis infection in the female reproductive tract.

Priming with Chlamydia trachomatis major outer membrane protein (MOMP) DNA followed by MOMP ISCOM boosting enhances protection and is associated with increased immunoglobulin A and Th1 cellular immune responses.

Genetic differences in the Chlamydia trachomatis tryptophan synthase α-subunit can explain variations in serovar pathogenesis.

Role of hyphal formation in interactions of Candida albicans with endothelial cells.

Measurement of T-cell-derived antigen binding molecules and immunoglobulin G specific to Candida albicans mannan in sera of patients with recurrent vulvovaginal candidiasis.

Evidence for mating of the ‘asexual’ yeast Candida albicans in a mammalian host.

Bacterial vaginosis

The Papanicolaou smear: inadequate screening test for bacterial vaginosis during pregnancy.

Identification of a human lactoferrin-binding protein in Gardnerella vaginalis.

Trichomoniasis

A randomized trial of intravaginal nonoxynol 9 versus oral metronidazole in the treatment of vaginal trichomoniasis.

Host and tissue specificity of Trichomonas vaginalis is not mediated by its known adhesion proteins.

18S ribosomal DNA-based PCR for diagnosis of Trichomonas vaginalis.

Syphilis and other treponematoses

Tracing a syphilis outbreak through cyberspace.

Strategies for syphilis prevention—findings from surveys in a high-incidence area.

Editorial: syphilis—a barometer of community health.

Use of synthetic cardiolipin and lecithin in the antigen used by the Venereal Disease Research Laboratory Test for serodiagnosis of syphilis.

Comparison of the Serodia Treponema pallidum particle agglutination, Captia syphilis-G and Spirotest Reagin II tests with standard test techniques for diagnosis of syphilis.

Treponema pallidum subsp. pertenue displays pathogenic properties different from those of T pallidum subsp. pallidum.

Hepatitis

Detection of hepatitis C virus in the semen of infected men.


The natural history of hepatitis C virus infection—host, viral and environmental factors.

Herpes

Herpes simplex virus in the human cornea.

Further evidence from a murine infection model that farnesol interferes with the establishment of HSV-1 latent infections.

Comparison of virus isolation and various polymerase chain reaction methods in the diagnosis of mucocutaneous herpes virus infection.

Comparison of a monoclonal antibody-blocking enzyme-linked immunoassay and a strip immunoblot assay for identifying type-specific herpes simplex virus type 2 serological responses.

Long term persistence of herpes simplex virus-specific CD8+ CTL in persons with frequently recurring genital herpes.
Immune protection against HSV-2 in B-cell-deficient mice.
KL DUDLEY, N BOURNE, BN MILLEGAN. Virology 2000;270:454–63

Decreased vaginal disease in J-chain-deficient mice following herpes simplex type 2 genital infection.

The role of the UL41 gene of herpes simplex virus type 1 in evasion of non-specific host defence mechanisms during primary infection.

Difference in incidence of spontaneous mutations between herpes simplex virus types 1 and 2.

Human papillomavirus infection

Quantitative tests for human papillomavirus.
C JOHNSTON. Lancet 2000;355:2179

Viral load of human papillomavirus 16 as determinant for development of cervical carcinoma in situ: a nested case-control study.

Consistent high viral load of human papillomavirus 16 and risk of cervical carcinoma in situ: a nested case-control study.

Mathematical model for the natural history of human papillomavirus infection and cervical carcinogenesis.

Human papillomavirus DNA testing for cervical cancer screening in low-resource settings.

Human papillomavirus testing in women with mild cytologic atypia.

Mucosal human papillomavirus types in squamous cell carcinomas of the uterine cervix and subsequently on fingers.

Distribution of 37 mucosotropic HPV types in women with cytologically normal cervical smear: the age-related patterns for high-risk and low-risk types.
MW JACOBS, MW WALDROOKE, PF SNIDER et al. Int J Cancer 2000;87:221–7

Cervical neoplasia and repeated positivity of human papillomavirus infection in human immunodeficiency virus-seropositive and -seronegative women.

Genital human papillomavirus infection and associated penile intraepithelial neoplasia in males infected with the human immunodeficiency virus.
M GOMOUSAMICHAIR, D GIALAMA, N GOMOUSAS, G GIALAMA. Acta Cytol 2000;44:301–4

Effective-screening for the control of anogenital intraepithelial lesions and anal cancer in human immunodeficiency virus-negative homosexual and bisexual men.

Human papillomavirus infection in atrophic smears—a case report.

Imiquimod: an immune response modifer.

Correlation between pretreatment levels of interferon response genes and clinical responses to an immune response modifier (Imiquimod) in genital warts.

Comparison of human papillomavirus types 16, 18 and 6 capsid antibody responses following incident infection.

Absence of antibody to human papillomavirus type 16 E6 and E7 in patients with cervical cancer is independent of sequence variations.

A new PCR-based assay amplifies the E6-E7 genes of most mucosal human papillomaviruses (HPV).

The human papillomavirus type 16 E7 oncogene is required for the productive stage of the viral life cycle.

Cervical lesions are associated with human papillomavirus type 16 introtypic variants that have high transcriptional activity and increases usage of common mammalian codons.

Minor capsid protein of human genital papillomaviruses contains subdominant, cross-neutralizing epitopes.

Abnormalities of cornified cell envelopes isolated from human papillomavirus type 11-infected genital epithelium.
D BROWN, J BRYAN. Virology 2000;270:65–70

Inverse relationship between the expression of the human papillomavirus type 16 transcription factor E2 and virus DNA copy number during the progression of cervical intraepithelial neoplasia.

8-hydroxyl-2'-deoxyguanosine in cervical cells: correlation with grade of dysplasia and human papillomavirus infection.

Immune responses induced by BCG re-combinant for human papillomavirus L1 and E7 proteins.
IA JABBAR, GIP FERNANDO, N SUNDERS et al. Vaccine 2000;18:2444–53

Uneven distribution of HPV 16 E6 prototype and variant (83V) oncoprotein in cervical neoplastic lesions.

Analysis of relative binding affinity of E7-pKB of human papillomavirus 16 variants using the yeast two-hybrid system.

The E1 helicase of human papillomavirus type 11 binds to the origin of replication with low sequence specificity.

Suprabasal expression of the human papillomavirus type 16 oncoproteins in mouse epidermis alters expression of cell cycle regulatory proteins.

Induction of apoptosis in human papillomavirus-positive cancer cells by peptide aptamers targeting the viral E6 oncoprotein.

Binding of the human papillomavirus type 16 E7 oncoprotein and the adenovirus-associated virus Rep78 major regulatory protein in vitro and in yeast and the potential for downstream effects.


A functional NF-kB binding site in the human papillomavirus type 16 long control region.
V PONTAINE, E VANDERMEIJDIEN, J DEGRAAF et al. Virology 2000;75:40–60

Identification of domains of the HPV11 E1 protein required for DNA replication in vitro.
Cervical cytology and colposcopy

Management guidelines for women with normal colposcopy after low grade cervical abnormalities: population study.
GR TEALE, DD MOFFITT, CH MANN, DM LUESLEY. BMJ 2000;320:1693–6

Accuracy of the Papanicolaou test in screening for and follow-up of cervical cytologic abnormalities: a systematic review.

The borderline cervical smear: colposcopic and biopsy outcome.

Combined Pap smear, cervicography and HPV DNA testing in the detection of cervical intraepithelial neoplasia and cancer.

Comparison of endocervical curettage and endocervical brushing.

Laser scanning confocal microscopy of cervical tissue before and after application of acetic acid.

Cervical intraepithelial neoplasia outcomes after large loop excision with clear margins.

Cyclin E expression and early cervical neoplasia in ThinPrep specimens—a feasibility study.

Other sexually transmitted infections

Features of urethritis in a cohort of male soldiers.

High prevalence of Epstein-Barr virus type 2 among homosexual men is caused by sexual transmission.

Seropositivity to human herpesvirus 8 in relation to sexual history and risk of sexually transmitted infections among women.

Syndromic treatment of sexually transmitted diseases reduces the proportion of incident HIV infections attributable to these diseases in rural Tanzania.
KK ORROTH, A GAVOLLI, J TORD et al. AIDS 2000;14:1429–38

Control of sexually transmitted diseases for HIV-1 prevention; understanding the implications of the Mwanza and Rakai trials.

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Sexually transmitted diseases and sexual behaviour in men attending an outpatients’ clinic for gay men in Gothenburg, Sweden.
MAD CHRISTIANSEN, GB LOWHAGEN. Acta Derm Venereol 2000;80:136–9

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SD HILLS, RF ANDA, VJ FILITTI, D NORDENBERG, FA MARCHBANKS. Pediatrics 2000;106:U12–U17

Identification of female cells in postcoital penile swabs using fluorescence in situ hybridisation—application in sexual assault.
KA COLLINS, SJ CINA, MJ PETTENAL. Arch Pathol Lab Med 2000;124:1080–2

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Promotion of condom use in a high-risk setting in Nicaragua: a randomized controlled trial.

A randomized trial of hierarchical counselling in a short, clinic-based intervention to reduce the risk of sexually transmitted diseases in women.
EL GOLLUB, J FRENCH, A LOUENDO et al. AIDS 2000;14:1249–56

Microbiology and immunology

Role played by lactobacilli in controlling the population of vaginal pathogens.
S BORIS, C BARRES. Microbes Infect 2000;2:543–6

The immune responses to bacterial antigens encountered in vivo at mucosal surfaces.

Dermatology

Vulvitis circumscripta plasmacellularis mimicking childbirth.

Two cases of vulval pigmented extramammary Paget's disease: histochemical and immunohistochemical studies.

Miscellaneous

Behavioral aspects of sexually transmitted diseases—core groups and bridge populations—editorial.
SD AKRE. Sex Transm Dis 2000;27:327–8


Syndromic treatment of sexually transmitted diseases reduces the proportion of incident HIV infections attributable to these diseases in rural Tanzania.
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SHUNSKAAR. BMJ 2000;320:1418

Incidence and remission rates of lower urinary tract symptoms at one year in women aged 40–60: longitudinal study.

Polyherbal formulations with wide spectrum antimicrobial activity against reproductive tract infections and sexually transmitted pathogens.

Bacteriology and treatment of malodorous lower reproductive tract in gynaecologic cancer patients.

Association of Ureaplasma urealyticum with abnormal reactive oxygen species levels and absence of leukocytospermia.

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