Characteristics of adenovirus associated urethritis

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Objective: To describe the characteristics of adenovirus urethritis in men.

Method: Cases occurred over a 30 month period among men presenting with urethritis to Melbourne Sexual Health Clinic. All cases had a urethral Gram stain and underwent testing for chlamydia, gonorrhoea, herpes, and adenovirus. Cases were empirically treated with a macrolide or doxycycline.

Results: Eight cases of adenovirus associated urethritis were identified in whom no other causative organism was isolated. Cases were clustered in autumn and winter of each year and all reported recent insertive oral sex and seven reported recent insertive vaginal sex. All patients complained of dysuria, seven had meatitis and mucoid discharge, six had conjunctivitis, and four constitutional symptoms. Three sexual contacts were known to be symptomatic.

Conclusion: Adenovirus is an uncommon cause of urethritis in men but it should be considered in all males presenting with dysuria, meatitis, and associated conjunctivitis or constitutional symptoms.

Non-specific urethritis (NSU) is a common presentation to sexual health clinics and in a substantial proportion of cases no pathogen is identified. There are few reports of adenovirus associated with urethritis in men, and it is not usually considered when investigating NSU.

Adenovirus causes a variety of clinical syndromes characterised by inflammation of mucous membranes. There are 47 serotypes; types 8, 19, and 37 (subgenus D) cause keratoconjunctivitis, but have also been infrequently isolated from genital sites in individuals with cervicitis, urethritis, and genital ulcers. We describe characteristic clinical features in eight men presenting with urethritis to a sexual health clinic in whom adenovirus appears to have been the causative agent.

METHOD

All eight cases were collected between April 1999 and September 2001 at Melbourne Sexual Health Centre (MSHC). MSHC services a city of 3.5 million people and sees approximately 15,000 new patients per annum. Adenovirus was tested for in men presenting with urethritis in addition to meatitis or conjunctivitis. Routine screening of all men with NSU was not performed for adenovirus if samples tested positive by culture or PCR (table 1). Adenovirus was identified in all urethral swabs and in the four conjunctival swabs collected. Typing was performed for four urethral isolates; three cases were type 37 and one was type 8. Typing was not performed for specimens tested by PCR alone and was not requested in all patients tested by culture. All patients received empirical treatment for NSU with either doxycycline or azithromycin, and two received additional fampiclovir. No case tested positive for chlamydia, gonorrhoea, or herpes. Six cases were tested for HIV and were negative. Five cases had symptoms persisting for 14 days or more despite antibiotic therapy.

DISCUSSION

We have described eight cases where adenovirus was isolated in men presenting with NSU associated with marked dysuria, meatitis, and conjunctivitis. There were strong similarities in the clinical presentations of the cases. Oral sex preceded the onset of symptoms in all cases and vaginal sex was a common exposure. There was seasonal clustering of cases in autumn and winter each year. The four isolates typed were of subgenus D (types 8 and 37), an established cause of keratoconjunctivitis.

Testing was not performed for Trichomonas vaginalis given the low prevalence in the population attending our clinic, or for Ureaplasma urealyticum because of high rates of asymptomatic urethral colonisation. Testing was not performed for Mycoplasma genitalium as PCR is required and is not routinely available in most clinic settings.
Conjunctival isolate Treatment

Clinical and laboratory findings

Table 1

<table>
<thead>
<tr>
<th>Case</th>
<th>Age</th>
<th>Season</th>
<th>Sexual history</th>
<th>Genital symptoms and signs</th>
<th>Associated symptoms</th>
<th>Contact symptoms &amp; signs</th>
<th>Isolate</th>
<th>Urethral PNM count</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>1</td>
<td>28</td>
<td>Winter</td>
<td>IOS and UPVI with CSP in Thailand</td>
<td>9 days before onset of D</td>
<td>Severe D, MUD, and MT</td>
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<td>Unknown</td>
<td>0</td>
<td>Ad 37†</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
<td>2019</td>
<td>IOS and UPVI with CSP in Thailand</td>
<td>9 days before onset</td>
<td>Severe D, MUD, and MT</td>
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<td>Unknown</td>
<td>0</td>
<td>Ad 37†</td>
</tr>
<tr>
<td>3</td>
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<td>IOS and UPVI with CSP in Thailand</td>
<td>9 days before onset of D</td>
<td>Severe D, MUD, and MT</td>
<td>Nil</td>
<td>Unknown</td>
<td>0</td>
<td>Ad 37†</td>
</tr>
<tr>
<td>4</td>
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<td>Winter</td>
<td>IOS and UPVI with CSP in Thailand</td>
<td>9 days before onset of D</td>
<td>Severe D, MUD, and MT</td>
<td>Nil</td>
<td>Unknown</td>
<td>0</td>
<td>Ad 37†</td>
</tr>
<tr>
<td>5</td>
<td>35</td>
<td>Winter</td>
<td>IOS and UPVI with CSP in Thailand</td>
<td>9 days before onset of D</td>
<td>Severe D, MUD, and MT</td>
<td>Nil</td>
<td>Unknown</td>
<td>0</td>
<td>Ad 37†</td>
</tr>
<tr>
<td>6</td>
<td>42</td>
<td>Winter</td>
<td>IOS and UPVI with CSP in Thailand</td>
<td>9 days before onset of D</td>
<td>Severe D, MUD, and MT</td>
<td>Nil</td>
<td>Unknown</td>
<td>0</td>
<td>Ad 37†</td>
</tr>
<tr>
<td>7</td>
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<td>Winter</td>
<td>IOS and UPVI with CSP in Thailand</td>
<td>9 days before onset of D</td>
<td>Severe D, MUD, and MT</td>
<td>Nil</td>
<td>Unknown</td>
<td>0</td>
<td>Ad 37†</td>
</tr>
<tr>
<td>8</td>
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<td>Winter</td>
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<td>9 days before onset of D</td>
<td>Severe D, MUD, and MT</td>
<td>Nil</td>
<td>Unknown</td>
<td>0</td>
<td>Ad 37†</td>
</tr>
<tr>
<td>9</td>
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<td>Severe D, MUD, and MT</td>
<td>Nil</td>
<td>Unknown</td>
<td>0</td>
<td>Ad 37†</td>
</tr>
</tbody>
</table>

It is significant that cases followed a history of oral sex, an important risk factor for NSU in which the microbial agent is unknown. Adenovirus has also been shown to infect the female genital tract and has been isolated in women with labial ulcers, vulvo-vaginitis, and cervicitis. Sexual transmission appears to be the most plausible mode of acquisition of urethral infection, either through insertive oral or possibly vaginal sex. Conjunctivitis may have occurred through autoinoculation or be related to sexual activity. The characteristic clinical and epidemiological features, the failure to respond rapidly to antibiotic treatment, and the isolation of adenovirus from the urethra, all support adenovirus as a cause of urethritis in these cases.

Studies regarding the prevalence and role of adenovirus as a causative agent of urethritis are limited. Subgenus D adenoviruses, in particular, have been shown to manifest an affinity for the eye and genital tract. Harnett et al screened 35,800 men and found adenovirus from the urethral swabs of 0.36%; 71% had urethritis and 14% had conjunctivitis. The majority of isolates were serotypes 19 or 37 and outbreaks coincided with epidemics of conjunctivitis in the community. Swenson et al screened symptomatic patients in the United States with genital ulcers, urethritis, or conjunctivitis, and isolated adenovirus from 0.33% of men. Urethritis was present in 75%, conjunctivitis in 60%, and 50% had both. All three cases presented with urethritis and genital ulcers. The majority of specimens were type 37 and two were type 8. As in the series there was a strong association with conjunctivitis and urethritis. A case series from New Zealand of 6 symptomatic men with adenovirus associated urethritis resembled the series in the severity of dysuria, history of insertive oral sex, presence of either constitutional symptoms or conjunctivitis, and suboptimal response to antimicrobial therapy.

However, no seasonal association was seen, five of six cases were homosexual, and serotyping was complicated by cross reaction.

Although an uncommon cause of urethritis, adenoviruses, particularly types 8 and 37, appear to cause a distinct and recognisable clinical syndrome in men presenting with NSU. Oral sex appears to be a risk factor and presentation may be seasonally related. The presence of marked dysuria, meatitis, conjunctivitis, and constitutional symptoms should alert all physicians to adenovirus as a possible causative organism in NSU.

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CONTRIBUTORS
CB initiated the study, collected cases and was principal investigator; ID collected cases and all three authors contributed to data interpretation and the drafting of the paper.

www.sextransinf.com

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References


Website Review

www.chlamydiae.com

This is arguably the most comprehensive medical website to host information on chlamydial infections. It is set up and designed by Michael Ward, professor of medical microbiology at the University of Southampton. The site boasts not only a multilingual (12 languages) textbook on chlamydiae but also a calendar of relevant scientific meetings, conference, and news reports. The web caters for health professionals as well as the general public and covers factual information in the form of FAQs focused on genital tract infections.

Only about half of the “health professionals” area requires (free of charge) registration initially for log-in (albeit that section of most interest to STI readers), but the wealth of accurate and up to date information contained within should make this site a compelling reason for putting it on your list of websites to be bookmarked. Excellent.

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