Characteristics of adenovirus associated urethritis

C S Bradshaw, I M Denham, C K Fairley

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 urethritis, as PCR is required and is not routinely available in most clinic settings.

RESULTS

All eight cases that tested positive were suspected clinically of having adenovirus. Cases were clustered between April and September each year, corresponding to the seasons of autumn to winter in Melbourne. Seven men were identified as heterosexual, one as homosexual, and the mean age was 36.4 (table 1).

All eight cases reported a recent history of insertive oral sex (IOS), with six reporting IOS in the 14 days preceding onset of symptoms. Six males reported unprotected vaginal intercourse (UPVI) in the preceding 14 days. Sexual partners were Australian residents except for two Thai partners in Thailand.

Adenovirus is an uncommon cause of urethritis in men but it should be considered in all cases presenting with dysuria, meatitis, and associated conjunctivitis or constitutional symptoms.
Table 1 Clinical and laboratory findings

<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>Urethral PMN count</th>
<th>Urethral isolate</th>
<th>Conjunctival isolate</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>28</td>
<td>Winter 1999</td>
<td>IOS and PI with CSPs</td>
<td>Severe D, MUD, and MT, resolved by day 22</td>
<td>CNJ and CS</td>
<td>Unknown</td>
<td>0</td>
<td>Ad 37†</td>
<td>NT</td>
<td>Doxy and famv</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
<td>Winter 1999</td>
<td>IOS and UPVI with RSP—regular sexual activity but no dates of contact documented</td>
<td>Severe D, MUD, and MT, ongoing day 14</td>
<td>CS</td>
<td>CNJ and cervicitis (chlamydia and gon negative)</td>
<td>8-20</td>
<td>Ad†</td>
<td>NT</td>
<td>Doxy and famv</td>
</tr>
<tr>
<td>3</td>
<td>44</td>
<td>Autumn 2000</td>
<td>IOS and UPVI with RSP 3 days before onset of D</td>
<td>Severe D, MUD, and MT, resolved by day 18</td>
<td>CNJ and CS</td>
<td>Well</td>
<td>8-20</td>
<td>Ad 37†</td>
<td>Ad †</td>
<td>Doxy and roxi</td>
</tr>
<tr>
<td>4</td>
<td>35</td>
<td>Autumn 2000</td>
<td>IOS and UPVI with CSP in Thailand 9 days before onset of D</td>
<td>D and MT, ongoing day 5</td>
<td>CNJ and CS</td>
<td>Unknown</td>
<td>5-8</td>
<td>Ad†</td>
<td>Ad †</td>
<td>azithromycin</td>
</tr>
<tr>
<td>5</td>
<td>33</td>
<td>Autumn 2000</td>
<td>IOS and UPVI with a CSP 14 days before onset of D</td>
<td>D and MUD (altered urinary stream), resolution by day 14</td>
<td>CNJ</td>
<td>CNJ</td>
<td>1-4</td>
<td>Ad 37†</td>
<td>NT</td>
<td>azithromycin</td>
</tr>
<tr>
<td>6</td>
<td>47</td>
<td>Winter 2001</td>
<td>IOS and UPVI with CSP 6 days before onset of D</td>
<td>Severe D, MUD, and MT, ongoing d5</td>
<td>Nil</td>
<td>Unknown</td>
<td>8-20</td>
<td>Ad ††</td>
<td>NT</td>
<td>azithromycin</td>
</tr>
<tr>
<td>7*</td>
<td>35</td>
<td>Winter 2001</td>
<td>IOS with RSP 10 days before D, IOS and IAS with CSP 28 days before onset of D</td>
<td>D, MUD, and MT, ongoing d3</td>
<td>Pharyngitis</td>
<td>RSP had D and pharyngitis 8-20</td>
<td>Ad†</td>
<td>Ad †</td>
<td>azithromycin</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>49</td>
<td>Winter 2001</td>
<td>IOS and UPVI with RSP in Thailand—regular sex but no dates specified</td>
<td>Severe D, MUD, and MT, present for &gt;9 days</td>
<td>CNJ</td>
<td>Unknown</td>
<td>5-8</td>
<td>Ad†</td>
<td>Ad †</td>
<td>Doxy, azith, and roxi</td>
</tr>
</tbody>
</table>

*Homosexual, all other cases heterosexual. Insertive oral sex (IOS), vaginal intercourse (VI), condom used (P), unprotected (UP), regular sexual partner (RSP), casual sexual partner (CSP), dysuria (D), mucoid urethral discharge (MUD), metastatic (MT), conjunctivitis (CNJ), constitutional symptoms (CS), polymorphonuclear cells per high power field (urethral PMN count), chlamydia (chlamydia), gonorrhea (gon), adenovirus (Ad), adenovirus type 37 (Ad37), culture positive (†), PCR positive (††), not tested (NT), azithromycin (azith), doxycycline (doxy), roxithromycin (roxi), and famciclovir (famv).

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Conflict of interest: none

REFERENCES

WEBSITE REVIEW

www.chlamydiae.com

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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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