HIV epidemicity in context of STI declines: a telling discordance

Decosas and Padian report, but do not discuss, a noteworthy dissociation in epidemic trajectory between human immunodeficiency virus (HIV) and sexually transmitted infections (STI) in Zimbabwe. They cite estimates that, between 1990 and 1999, HIV prevalence increased linearly from 9% to 25%, while STI syndrome reports declined substantially, from 9634 cases to 727788. The authors not only believe that observed STI declines are real, but cite reports in increased condom use in high risk populations and with decreasing STI incidence. Assuming synergism between HIV, a chronic infection with an epidemic growth rate, is not likely to be due to differences between HIV and STI, which tend not to. Does this anomaly require clarification?

Recent analyses suggest that a large proportion of HIV infections, especially in sub-Saharan Africa, may be a consequence of unsafe medical infections. This under-represented and scientifically underexplored transmission vector is overlooked by the authors as well (exception: “blood safety” in fig 1). Theirs is not the first report of an epidemiologically suspicious anomaly between STI and HIV trends in Africa and, if others’ suspicions are correct, it is unlikely to be the last.

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References

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Vaginal infection by Enterobacter sakazakii

In August 2001, a 26 year old woman seen at our outpatient clinic in Budapest complained of vulvar pruritus and vaginal discharge in the preceding 2 weeks. The only risk factor she admitted was that she had bathed in the resort lake Balaton a few times a week before the onset of symptoms, when the water was unusually warm (26–28°C). Examination revealed vulvovaginitis with mucous discharge unusually warm (26–28°C). Examination revealed vulvovaginitis with mucous discharge and, if Staphylococcus aureus, Enterococcus faecalis, or Candida albicans were reported. The normal habitat, reservoir, and pathogen of E sakazakii are unknown. No cultivation from environmental sources (surface water, animals, raw cow’s milk, etc) has been successful, except recently from the gut of fruit flies. The horizontal transmission of E sakazakii might contribute to its survival during the manufacture powdered milk batches. It is important to remember that the stomach of newborns, especially that of premature babies, lacks free acid and is less acidic than that of adults. Ingested milk preparations remaining neutral or slightly alkaline in their stomach ensure survival and subsequent infection in the alkaline intestine. This pathomechanism is similar to pH increase in vaginal infections in the lack of Lactobacillus flora. The detrimental effect of E sakazakii infection is also reflected by the fact that colonization by the normal flora and a pH shift towards physiological level could be achieved only gradually in our patient.

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References

www.sextransinf.com
Successful use of valciclovir in a case of recurrent urticaria associated with genital herpes

Urticaria is a common skin condition but the symptoms and signs can be extremely distressing. The condition is often idiopathic. The management of urticaria can be frustrating even when triggers are identified. We describe a case of recurrent urticaria associated with genital herpes attacks and a successful use of suppressive therapy with valciclovir.

A 35 year old white woman presented in March 2000 to a genitourinary medicine (GUM) clinic with 5 year history of recurrent lesions typical of genital herpes simplex virus (HSV) infection occurring almost every month. She had also been developing physical urticaria manifesting as itchy weals on pressure areas of the body, approximately 24 hours before the onset of genital HSV attacks. The lesions showed no characteristics of erythema multiforme or vasculitis. Each urticarial attack lasted from 20-30 minutes and had a cholinergic element being exacerbated by exercise and heat. Antihistamines were not effective. She had contact sensitivity to perfumes, make up, and coloured bath products. There was no history of angioedema, other atopic disease, or drug allergies. She was otherwise well and on no medication.

The patient did not have a history of urticaria, but it may be related to hypersensitivity to genital herpes viral antigens. She complained of intense sunlight exposure in September 2001 associated with genital herpes precipitated by exercise and heat. Antihistamines were not effective. She began suppressive therapy with valciclovir 1 g twice daily and cetirizine 10 mg daily. She had a single episode of urticaria lasting from 20-30 minutes and had a central region of the plate where a line of KY jelly has inhibited growth.

We describe a case of recurrent urticaria associated with HSV infections in order to avoid delay in instituting antiviral treatment in GUM clinics or other settings for this disabling skin condition.

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References

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Inhibition of Neisseria gonorrhoeae by vaginal lubricants

Microbiology culture remains the diagnostic standard for gonococcal infection. Isolation of the pathogen confirms the clinical diagnosis and allows assessment of the antimicrobial susceptibility of the gonococcal strain, guiding effective therapy. The sensitivity of endocervical swab culture has been reported as 80–90% but this varies with the quality of culture media and adequacy of the specimen.

Some studies have demonstrated the inhibitory actions of various vaginal lubricants, including KY jelly, against Neisseria gonorrhoeae, while others have found KY jelly to be relatively non-toxic to both chlamydia and gonococci.

In view of these conflicting findings, prospective studies are required to assess the clinical significance of using vaginal lubricants when collecting specimens for gonococcal culture. Pending the completion of such studies we recommend that vaginal lubricants should not be used when obtaining endocervical samples for microbiological investigation.

Contributors
REH, design of practical work, literature review, production of first draft of manuscript; JDI, performance of practical work, literature review, critical comment on draft manuscript; FD identification of clinical issue, literature review, critical comment on draft manuscript.

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References

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