

## LETTERS TO THE EDITOR

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### CEFTRIAXONE IN THE MANAGEMENT OF CHANCROID

*To the Editor,*

Ceftriaxone, a third generation cephalosporin, is beginning to find wider uses in the management of sexually transmitted diseases.<sup>1</sup> Its effective use in chancroid, one of the commonest genital ulcer disease in the developing world, has already been reported from various parts of the world.<sup>2,4</sup> However, so far there has hardly been any Indian experience reported with the drug in the treatment of chancroid. We therefore decided to take up a clinical trial of i.m. ceftriaxone in chancroid patients.

The study comprised of eight patients in whom the diagnosis of chancroid was made clinically (i.e., short incubation period, multiple soft painful ulcers with or without painful inguinal lymphadenopathy). A negative DGI for treponemes and negative serological tests for syphilis (VDRL/TPHA) effectively ruled out primary chancre. Ceftriaxone was used in the form of a single dose, 250 mg i.m., and patients were reevaluated on day 3. Response was noted in terms of reduction in the number and size of ulcers, resolution of lymphadenitis, and subjective improvement in constitutional symptoms.

Five out of eight patients showed an excellent response (complete healing of ulcers, very satisfactory improvement in pain, and resolution of lymphadenitis), two showed partial response, while one was refractory to treatment. No side effects were noted with the drug.

Our experience shows that ceftriaxone is a very effective therapy in Indian patients with

chancroid. Further advantages are the ease of administration and a cost that is comparable to the other available modes of therapy. We therefore recommend that ceftriaxone deserves a more routine use in the treatment of chancroid.

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### References

1. Harrison WO. Ceftriaxone in the treatment of serious infection. *STD. Hospital Pract* 1991; 26(Suppl 5): 20-3.
2. Hartmann AA, Elsner P, Burg G. Intravenous single dose ceftriaxone treatment of chancroid. *Dermatologica* 1991; 183: 132-5.
3. Jessamine PG, Brunham RC. Rapid control of a "chancroid" outbreak: Implications for Canada. *Can Med Assoc J* 1990; 142: 1081-5.
4. Jones C, Rosen T, Clarridge J, Collins S. "Chancroid" results from an outbreak in Houston, Texas. *South Med J* 1990; 83: 1384-9.

### CLINICAL PROFILE OF STDS IN HIV INFECTED INDIVIDUALS

*To the Editor,*

Sexual transmission is one to the most efficient methods of spread of HIV infection. Sexually Transmitted Diseases (STD) are now recognised as an independent risk factor for HIV infection and AIDS. The risk of HIV infection is estimated to a range from 1/1000 to 1/100 exposures. Women are more likely to get infected rather than infect men.

In our study 1718 patients and clients of commercial sex workers and 49 spouses of HIV positive individuals attending STD clinic or referred by private Dermatologist were screened for HIV infection using commercially available ELISA kit, Genetic system™ HIV-1/HIV-2 EIA. 275 patients of 1718 (16.0 %)