

Short Communications

We have recently experienced a problem therapeutically in the management of gonorrhoea in a married couple. The organism showed resistance to a spectrum of drugs both in vivo and in vitro. A case of acute gonorrhoea (diagnosed by Gram staining) in a 32 years old man was treated in December 1980 with an inj. Procaine penicillin 48 lakhs along with one gm of probenecid. He had already taken Co-trimoxazole tablets 4 statim and then 2 b.i.d. for 5 days for the present complaint, but did not get any relief. His wife who was in full term pregnancy, was allergic to penicillin. Even though her cervical smear did not show any gonococcus (Gram staining), she was given Tab. Erythromycin stearate 500 mg q.i.d. for 5 days as an "epidemiological treatment." Since the discharge and the gonococci persisted in her husband even after the fifth day of penicillin injection, a diagnosis of "penicillin resistant gonorrhoea" was made and a course of inj. Benzyl penicillin G 10 lakhs 6 hrly was given I.M. for 5 days which gave him complete relief of symptoms. Follow up (Urine 2 glass test, examination of urine deposit and prostatic smear) for 28 days did not show evidence of recurrence of gonococcal infection in him. He denied any history of sexual intercourse after December 1980. His wife had full term normal delivery on 14th day of her first visit to our clinic. One week after delivery she had mucopurulent cervical discharge which on Gram staining showed plenty of intracellular gonococci. Tetracyclin 500 mg q.i.d. was given for 7 days, but the gonococci persisted in the cervical discharge. Amoxycillin 3 gms given orally in a single dose also gave a similar disappointing result. Gonococci insensitive to Tetracyclin, Ampicillin, Kanamycin, Gentamycin, Aminosidin, Streptomycin, Sulphadiazine and co-trimoxazole were isolated in culture (in chocolate agar) of the pus taken from the cervix. Finally a course of chloramphenicol 500 mg q.i.d. for 7 days gave relief of symptoms. Repeated examination of the cervical smears did not reveal any gonococci, on follow up for 3 months.

Though partial resistance to penicillin in cases of gonococcal infection has been noted occasionally in our clinic, usually they respond to Benzyl Penicillin, Tetracyclin or to Co-trimoxazole. A spectrum of drugs were found to be resistant in the present case and caused a therapeutic problem to us which was overcome by the administration of Chloramphenicol. The indiscriminate use of antibiotics from 'Cold to Cancer' may be a factor for development of such resistance and those who practice venereology should be aware such rare 'strains' of gonococci.

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