LETTERS TO THE EDITOR

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.[1] 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.[2-4] 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. Crftriaxone 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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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 %)

and 33 spouses of 49 (67.85 %) patients turned out to be ELISA reactive. Out of those 308 ELISA reactive individuals 215 (69.8 %) were asymptomatic and 93 patients had different STDs. All the repeatedly reactive sera were sent for Western Blot confirmation. 294 patients (95.45 %) were Western Blot positive.

Out of those 93 patients 24 patients had mixed STDs (25.8%), 14 female patients had Ulcerative Vaginitis (15 %), 11 patients each had Gonorrhoea and Balanitis (11.8 %), 8 patients had primary Syphilis (8.6 %), while 1 patient had secondary Syphilis (1%), Chancroid, Condyloma accuminata and Viral Venereal Warts were seen in 7 (7.5 %), 6 (6.45%) and 4 (4.8 %) patients respectively. 7 patients (7.5 %) had Herpes Zoster without any associated STDs.

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CO-ORDINATION IN LEPROSY ELIMINATION PROGRAMME

To the Editor,

The undersigned had the privilege of attending the 23rd Annual Conference of the Indian Association Dermatologists, Venereologists and Leprologists (IADVL) held recently in Madras. I had discussions with several leading dermatologists as well as many relatively junior practitioners on their contributions to the management of leprosy patients in the context of the decline in the prevalence of leprosy in the country under MDT coverage. It was surprising to note that inspite of the low endemicity reported, the dermatologists are encountering a large number of leprosy patients. Besides all clinical types, they seem to be dealing with even histoid forms of lepromatous leprosy which have a great transmission potential. The Government of India has done an excellent job under NLEP to make MDT available to almost all identified patients in most part of the country. They have taken the help of several leading Non Governmental Organisations (NGOs), both Indian and international, in this massive undertaking. The fact that progressive cases of leprosy are still reporting to the dermatologists calls for more vigorous involvement of the dermatologists of the country. In fact, if one can manage to count the patients being managed by the dermatologists all over the country, the number will be still phenomenal justifying the group of dermatologists to be considered as a major NGO. However, this group at present is not cohesive as far as leprosy management is concerned.

If one wants to achieve elimination of the disease in a scientific way and not in a mechanical manner, greater co-ordination among various sectors is necessary. The teaching medical colleges, particularly the departments of Preventive and Social Medicine also should be involved in the programme along with the group of dermatologists and the bureaucrats by the Government to achieve elimination target of 1 per 10,000 by the year 2000 AD in a far more scientific manner. There is a greater scope of the IADVL and the Indian Association of Leprologists functioning at present somewhat "vertically" to come nearer.

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HERPES ZOSTER WITH ULNAR NERVE PARESIS

To the Editor,

Herpes zoster involves both motor as well as sensory nerves. The infection is usually limited to sensory ganglia and nerve root but may occasionally involve the motor fibres