

Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*

Treatment of lymphogranuloma venereum with rifampicin

Sir,
Ridgway *et al.* (1978) tested the effect of 22 antimicrobial agents *in vitro* against SA2f, a laboratory maintained strain of *Chlamydia trachomatis*, which is immunologically identical with the LGVII serotype (Wang and Grayston 1970). Rifampicin was found to be the most active of the drugs tested. This laboratory finding has not been evaluated clinically. Presentation of results of his work (Ridgway, 1976) at an international conference on STD stimulated us to study the efficacy of rifampicin in the treatment of patients with lymphogranuloma venereum (LGV).

We studied eight patients, who were seen in 1976 and 1977 at the outpatient department of the dermatological service in Surinam. All showed inguinal lymphadenopathy, typical for LGV, and six of them also showed a small non-indurated ulcer on the genitals. The Venereal Disease Research Laboratory (VDRL) test gave negative results in all cases, and the six patients with ulcers showed no treponemes by darkfield microscopy and no organisms suggesting *Haemophilus ducreyii* or *Donovania granulomatis* by Gram-stained and Giemsa-stained smears. Clinical diagnosis of LGV was made in all cases.

The presence of type-specific antibodies against *C. trachomatis* in the sera was examined by the microimmunofluorescence (MIF) test as described by Wang *et al.* (1975). The antigens used were of the three serotypes of *C. trachomatis* of the LGV type, LGVI, LGVII, and LGVIII. The MIF was performed with FITC labelled polyvalent conjugates. Following Wang, only reactions with a titre 1/8 were considered as positive. The Frei test was performed in four cases.

The results of the MIF and the Frei tests are presented in the Table. The clinical diagnosis of LGV was supported by the results of the MIF test in all cases.

The patients were treated with oral rifampicin 600 mg every morning until symptoms had disappeared; this occurred after two weeks in seven patients and after three weeks in one. No side effects of the

Table Results of microimmunofluorescent (MIF) antibody and Frei tests before start of treatment.

Case No.	Age Sex	Frei test results	Reciprocal MIF antibody titres		
			LGVI	LGVII	LGVIII
1	F 17	—	256	256	—
2	M 24	ND	—	≥64	—*
3	M 20	ND	—	≥64	16
4	M 24	ND	32	128	64
5	F 42	ND	16	64	16†
6	M 35	+	—	32	—
7	M 22	+	—	32	—
8	F 23	—	—	64	—

+ Positive — negative

*Two weeks after start of treatment

†Twelve weeks after start of treatment

ND not done

drug were noticed and no relapse of symptoms was observed during a control period of three months.

Rifampicin is highly effective against chlamydiae *in vitro* (Ridgway, 1978). Our results indicate that the drug is effective against LGV clinically. However, we do not recommend rifampicin as drug of choice for the treatment of LGV for the following reasons:

- (1) Most cases of LGV still respond well to treatment with tetracycline, which is a safe drug.
- (2) Indiscriminate use of rifampicin could make this drug less valuable for the treatment of mycobacterial infections, because of the possibility of these organisms developing resistance to it.
- (3) Keshishyan *et al.* (1973) showed that rifampicin-resistant chlamydiae emerged rapidly *in vitro* during egg passage in the presence of the drug.
- (4) Rifampicin is not effective against *Treponema pallidum*. Some clinicians might consider this to be a disadvantage, especially in cases in which the diagnosis of syphilis is not completely excluded, although others would consider it an advantage.

Yours faithfully,

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TO THE EDITOR, *British Journal of Venereal Diseases*

Preparation of *T. pallidum* extracts from infected rabbit testes

Sir,
When extracting *Treponema pallidum* from infected rabbit testes, either for experimental use or for passage into another rabbit, it is important to maintain optimum survival of the treponemes. Whereas some research groups use a crude testicular extract, others use centrifugation, or centrifugation followed by filtration, to purify the treponemal suspension by removing testicular debris, including spermatozoa.

The effect of these procedures on this apparently delicate bacterium has not been reported to date, although the procedures are widely used. We wish to report their effect on the *in-vitro* retention of motility and virulence of *T. pallidum*.

Treponemes were eluted from the testis into prerduced maintenance medium (slightly modified from Graves *et al.*, 1975) at a concentration of approximately