

ORAL TREATMENT OF TRICHOMONAL VAGINITIS WITH 2-ACETYLAMINO-5-NITROTHIAZOLE ("TRITHEON")*

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Perl, Guttmacher, and Raggazoni (1956) reported that approximately one-third of patients with trichomonal vaginitis were cured after oral treatment with 2-acetylamino-5-nitrothiazole and the local application of an acid jelly. In our hands initial results seemed less satisfactory and it seemed that the little good that accrued might have been due to local therapy. For this reason, a small controlled trial was instituted, using volunteer patients who had trichomonads present in the vaginal smear, who had received no antitrichomonal treatment during the previous 6 weeks and who would be able to attend for frequent observation during treatment.

Treatment

Alternate patients were given 100 mg. 2-acetylamino-5-nitrothiazole ("Tritheon") orally three times a day after meals for 10 days, or control tablets of calcium lactate. No local therapy was used and the immediate cure rate was measured by the presence or absence of trichomonads in the vaginal smear during therapy. Because of the severity of the vaginitis only one patient had had sexual intercourse in the 6 weeks before therapy and all were advised against further coitus during treatment. Before admission to the study, routine urethral, cervical, and vaginal smears and cultures, and serological tests for syphilis, were carried out to exclude venereal infection and concomitant monilial vaginitis. Patients attended on the 3rd, 5th, 7th, 9th, and 10th days of therapy when wet vaginal smears were examined for *Trichomonas vaginalis*; cultures were inoculated only if smears proved negative.

Results

36 out of the 39 smear examinations carried out on the eight patients receiving aminonitrothiazole were positive. In one case, smears taken on the 7th, 9th, and 10th days, during menstruation, were negative, but trichomonads were present on culture; smear and culture were both positive when the

patient attended, after the end of her menstrual period, on the 3rd day after treatment had been completed. All 25 of the smear examinations carried out on the five control patients were positive. Signs of infection in both groups were unchanged and symptoms essentially so. Only one patient reported improvement and she was receiving calcium lactate.

In each case a catheter specimen of urine was examined by smear and culture for *Trichomonas vaginalis* before treatment and on the 5th and 10th day of therapy. In two patients in the control group trichomonads were present in urine cultures taken on the 10th day.

Because of the absence of significant therapeutic effect in the dosage used, and because patients became reluctant to volunteer for oral therapy, the pilot study was abandoned.

Side-Effects of Treatment

White blood cell counts, total and differential, and haemoglobin estimations were carried out before treatment and on the 5th and 10th days; no significant change was noted. One patient complained of severe abdominal pain starting on the 4th day of aminonitrothiazole, and another of headache starting on the 5th day, but both were able to complete the course of therapy. No urinary discoloration was noted.

Summary and Conclusion

Aminonitrothiazole, when given by mouth, appeared ineffective in the treatment of trichomonal vaginitis; its use is unjustified except for research under controlled conditions.

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REFERENCE

Perl, G., Guttmacher, A. F., and Raggazoni, H. (1956). *J. Obstet. Gynec.*, 7, 128.

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