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Rapid emergence of 4-fluroquinolone resistance with associated decline in penicillinase-producing Neisseria gonorrhoeae in Colombo, Sri Lanka

Penicillinase-producing Neisseria gonorrhoeae (PPNG) was first detected in Sri Lanka in 1980¹ and routine testing of gonococcal isolates obtained from patients attending the Central STD Clinic, Colombo for PPNG was started the following year. In 1989, 26% of all isolates were PPNG (table 1). However, since

Table 1	Penicillinase-producing Neisseria gonorrhoeae
(PPNG)	in Colombo

		Year	No of isolates	No Tested for PPNG	PPNG + %
		1980	587	22	13.6
		1981	282	234	3.4
		1982	1232	1232	5.7
Table 24-fluroquinoloneresistance in Colombo		1983	1179	1170	10.4
		1984	1283	1283	6.1
		1985	970	970	8.1
Year/ Month	% 4-fluroquinolone resistance	1986	1104	1104	17.1
		1987	1021	968	17.5
		1988	1271	1142	19.7
9506	25	1989	1074	1049	26.2
9507	14	1990	1089	1082	21
9508	14	1991	752	746	20.5
9509	38	1992	583	568	9.7
9510	50	1993	481	475	3.8
9511	35	1994	281	281	1.8
9512	31	1995	318	318	0

1992, there has been a sharp decline in PPNG with none detected in 1995. Penicillin was withdrawn from use as first line therapy for gonorrhoeae and single dose quinolone therapy introduced in 1993.

Occasional clinical resistance to quinolones was first detected in late 1994. Antibiotic susceptibility testing facilities were not available on a routine scale in the Central Laboratory of the STD/AIDS Control Programme at that time. As increasing clinical resistance began to surface during the 2nd quarter of 1995, antibiotic susceptibility testing was started in June the same year. Since then, quinolone resistance has varied between 14-50% (table 2).

This rapid emergence of quinolone resistance with decline of PPNG which has also been reported from Hong Kong,² clearly indicates that 4-fluroquinolone is no longer useful as first line therapy for gonorrhoea in Sri Lanka. What next? Cephalosporins appear to be the only alternative but they are expensive. The perennial budgetary constraints present in developing countries have to be taken in to account when selecting an appropriate antibiotic which is effective, reasonably priced, can preferably be administered as a single dose orally, and be also made widely available. I ABEYEWICKEREME

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