

Gonorrhea Testing of Anus and Throat Is Urged

BY TIMOTHY F. KIRN
Sacramento Bureau

SAN FRANCISCO — As the incidence of gonorrhea continues to increase, physicians need to be doing more testing for the venereal disease in the anus and the throat, particularly in gay men, said the chief of the sexually transmitted diseases control branch for the state of California.

Gonorrhea incidence in the United States as a whole and in California specifically had been declining for 3 decades before starting to climb in about the year 2000, Dr. Gail Bolan said at a meeting on HIV management sponsored by the University of California, San Francisco.

A recent study in San Francisco of men

who have sex with men reported that if only urine and urethral screening were performed in those men, about 65% of gonorrhea cases would be missed, Dr. Bolan said.

The study found that 85% of the rectal infections were asymptomatic, indicating the possibility that these infections may be an important factor fueling the incidence increase (*Clin. Infect. Dis.* 2005;41:67-74).

Additionally, the study reported that 53% of chlamydial infections were at

nonurethral sites, Dr. Bolan noted.

In part because of these concerns, the Centers for Disease Control and Prevention recently updated its sexually transmitted diseases guidelines to include what to ask when taking a sexual history to screen for disease. According to the new guidelines, the sexual history taking must include specific questions regarding what is known as the "5 P's": partners, pregnancy protection, protection from sexually transmitted diseases, practices, and past

history of sexually transmitted diseases.

Because testing for gonorrhea at the rectal and pharyngeal sites requires culturing, physicians need to make sure they have culturing available, she noted.

Dr. Bolan also said that fluoroquinolone-resistant gonorrhea continues to be a problem. The CDC guidelines recommend that fluoroquinolones not be used in men who have sex with men or in areas where fluoroquinolone resistance is high. ■

Kaposi's Seen in HIV Patients on Antiretrovirals

SAN FRANCISCO — Some HIV-infected patients who are well managed on highly active antiretroviral therapy are developing Kaposi's sarcoma, Dr. Toby A. Maurer said at a meeting on HIV management sponsored by the University of California, San Francisco.

In this trend, which has been identified in San Francisco by Dr. Maurer and her associates, patients often have CD4 counts of 300 and even 600 cells/mcL and low viral loads. Yet they have the telltale purple blotches of Kaposi's, said Dr. Maurer, chief of dermatology at San Francisco General Hospital.

Dr. Maurer said that these are not flares of Kaposi's, which can sometimes happen at the start of highly active antiretroviral therapy (HAART). Rather, these are occurrences in patients who are fairly well maintained on the therapy.


The main question is whether these patients have developed abnormal T-cell function over time on HAART, despite high CD4 cell counts, thus causing the loss of immunologic control of their Kaposi's sarcoma; or, alternatively, whether their systemic disease was not detected and treated.

"We're really trying to understand these patients and, more importantly, clinically we are trying to decide what to do with these patients because antiretrovirals don't seem to do it," Dr. Maurer said. "And, [the patients] are not sick enough nor do they have evidence of systemic KS to warrant chemotherapy."

Although she said there is still no good, reliable method of detecting Kaposi's that has spread and is systemic, Dr. Maurer offered a suggestion to those checking Kaposi's lesions on the legs: Look for edema in the appendage because that is a sign of systemic disease. Systemic disease has a high mortality rate, about 25%; those patients need more than just antiretrovirals.

Physicians who've seen patients on HAART who have had a recurrence of Kaposi's sarcoma should contact Dr. Maurer by e-mail at maurer@derm.ucsf.edu.

—Timothy F. Kirn



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Reference: 1. IMS Health, IMS MIDAS [12 months ending September 2005]. Please see brief summary of Prescribing Information on adjacent page. FlexPen and Levemir are registered trademarks of Novo Nordisk A/S. © 2006 Novo Nordisk Inc. 131007 September 2006

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