

Gonorrhoea resistance: don't forget the old chaps

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I read with great interest the paper by B. Suay-Garcia and M.-T. Pérez-García on *Neisseria gonorrhoeae* and the resistance to antibiotics [1]. This echoes an over-anxiety generated by the WHO, the CDC and the media about the tragedy of resistance to gonococci, which leaves me unconvinced. Indeed, the tables reveal that there are different levels of resistance to gonococci according to countries, and that no country, for the time being, has observed gonococci that are resistant to everything. Also, a large number of antibiotics has not even been tested in vitro on gonococci as investigators are seeking newly discovered drugs rather than antibiotic compounds already known to be effective against *N. gonorrhoeae*. A rapid literature search identifies in 30 min at least three such compounds, which are probably effective in 100% of cases. These are pristinamycin [2], fusidic acid [3] and fosfomicin [4]. The real problem of gonorrhoea, from my point of view, is to inform doctors in a given country about levels of resistance of gonococci in this area and the choice of an empirical treatment without culture, because it is the most used therapy. This means to test regularly isolates against an extended panel of antibiotics. In practice, in the one-day drama series, gonococcal infections are probably not the most terrifying, especially as treatment failure in gonococcal diseases can be evaluated within a few hours for symptomatic gonorrhoea. Moreover, there are efficient drugs available and no need to scream before using these drugs that are cheap and should be as efficient as before [5].

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Compliance with ethical standards

Conflict of interest The author declares that he has no conflict of interest.

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References

1. Suay-Garcia B, Perez-Gracia MT (2017) Drug-resistant *Neisseria gonorrhoeae*: latest developments. *Eur J Clin Microbiol Infect Dis* 36(7):1065–1071
2. Capp AB, Goncalves HD, Silva P, Coutinho AR, Pannunzio FM, Cohen A (1965) Pristinamycin in gonorrhoea. *Hospital (Rio J)* 68(6):1329–1339
3. Jones RN, Biedenbach DJ, Roblin PM, Kohlhoff SA, Hammerschlag MR (2010) Update on fusidic acid (CEM-102) tested against *Neisseria gonorrhoeae* and *Chlamydia trachomatis*. *Antimicrob Agents Chemother* 54(10):4518–4519
4. Hauser C, Hirzberger L, Unemo M, Furrer H, Endimiani A (2015) In vitro activity of fosfomicin alone and in combination with ceftriaxone or azithromycin against clinical *Neisseria gonorrhoeae* isolates. *Antimicrob Agents Chemother* 59(3):1605–1611
5. Dubourg G, Abat C, Raoult D (2017) Why new antibiotics are not obviously useful now. *Int J Antimicrob Agents* 49(5):549–553

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