Uncommon Infections and Special Topics

DEDICATION

To the patients whose lives have been
changed by reproductive tract infections,
and to the doctors who have treated them

* * * * *

“Without life, there is no joy; without
joy there is no life.”

After Sophocles

To J.V. from L.K.

Infections in Reproductive Health

VOLUME II

Uncommon Infections and Special Topics

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Foreword

Infectious diseases remain a major problem for physicians and other health professionals dealing with problems of the reproductive system. Accordingly, this two-volume comprehensive presentation of infectious diseases involving the male and female reproductive systems promises to be a major contribution in this field and to fill a much-needed vacuum.

During the past three decades, the introduction of antimicrobial therapy has dramatically altered both the clinical presentation and the therapeutic approaches employed in dealing with the traditional infections of the reproductive system. In addition, the changing demographics of infectious problems in the industrial countries and the developing world have been a source of concern. A good deal of important information on this topic is included in this series.

In recent years, considerable attention has been given to the role of *Mycoplasma* and *Chlamydia* in both male and female infertility and the problems related to genital herpes and human papilloma virus infections. Current clinical information is included on these infections as well as on newer aspects of diagnosis, such as the use of laparoscopy in the diagnosis and treatment of pelvic inflammatory disease. Also addressed is new information regarding the role of actinomycosis in pelvic infections; current problems such as toxic shock syndrome and acquired immune deficiency syndrome (AIDS) are reviewed as well.

New concepts are included in these volumes to complement the clinical information. The attachment of microbial organisms to sperm may help to explain access of these and other organisms to the upper female genital tract. Similarly, the role of asymptomatic bacteriospermia and the reproductive effects of other microorganisms in semen are carefully considered. There are also information relating to animal models for the study of human genital infections that may be of value to researchers in this field, important clinical information relating to infections and contraception, detailed discussions of human papilloma virus infections and their oncogenic potential, and separate discussions of sexually transmitted diseases in children of both sexes.

The editors of this two-volume series have undertaken and completed an enormous task assembling and coordinating the contributions to this series made by international experts. The state of the art of diagnosis and therapy of infections in reproductive health has been presented in a comprehensive and readable fashion. These two volumes will be of value to clinicians in the field of family medicine, public health, international health, internal medicine, obstetrics and gynecology, and urology, and indeed, to all health professionals dealing with those infectious diseases that affect the reproductive systems of men and women.

FOREWORD

The editors have aimed for a comprehensive presentation and have accomplished this objective. The publication of this two-volume series should prove to be a highly useful contemporary reference source. The editors and the contributors are to be congratulated on a job well done.

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Last, but by no means least, it has been a pleasure to work with Mr. David Bloomer, and his successor, Dr. Peter Clarke, their staff at MTP Press – in particular their editor, Mr. Philip Johnstone – who have made this international collaboration a rewarding endeavor.

Louis G. Keith

Preface

It hardly seems necessary to justify the preparation of a book on infections in reproductive health. These afflictions have bothered mankind since antiquity and have accounted for untold numbers of personal tragedies. Unfortunately, until relatively recently, there was little that could be done either to prevent or to treat the spread of these infections. Moreover, the fact that they often afflicted both partners of a conjugal unit was so obvious that it was frequently lost by the practitioners who attempted to treat individual patients, be they male or female.

The advent of antibiotic therapies was supposed to be the dawn of a new era, but in many ways it wasn't. It soon became painfully apparent that the treatment of a specific patient by a specific drug was not enough. As is often the case in medicine, the literature lagged behind clinical practice, and textbooks and monographs spoke about genital infections in males and in females as if there were no connection between them. Clearly, such is not the case, and clinicians who are concerned about appropriately treating genital infections must often deal with their patient's partner(s) or be doomed to failure from the start.

These two volumes were conceived with the idea that clinicians must consider the broader aspects of genital tract infections, even though their primary specialties may be obstetrics and gynecology, or urology, internal medicine, dermatology, or family practice. Perhaps some individuals practicing in clinics treating sexually transmitted diseases might be exempt from this admonition, but certainly not all.

This book had its genesis at the International Conference on Infections in Reproductive Health held in Maui, Hawaii, in 1982 under the aegis of Professor E. S. E. Hafez. Some of the chapters were prepared by speakers at this conference; other authors were invited to contribute. As a result, the authors come from a number of distinguished medical centers and universities throughout the world. In some chapters there will be overlap; in others, there are differences of opinion. Not only are both of these circumstances inevitable in a multiauthored text, but the reader should appreciate that the complexity of the subject contributes to the difficulty of arriving at a consensus. The various chapters contain much information not usually readily accessible to the average practitioner. It is our sincere hope that the readers will have a greater appreciation of the subject of infections in reproductive health after reading this book.

*Louis G. Keith
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PREFACE

POSTSCRIPT

After the manuscripts had gone to the printer, the editor became aware of a series of publications on the incidence of colonization with *Actinomyces* in normal women written by Elizabeth Persson, from the Department of Obstetrics and Gynecology, the Karolinska Institutet, Danderyd Hospital, Danderyd, Sweden, and the Section for Medical Mycology, the National Bacteriological Laboratory, Stockholm, Sweden. Since it was not possible at that late moment to revise the text and reset type on every comment dealing with *Actinomyces*, we encourage interested readers to read the following references:

1. Persson, E., Holmberg, K., Dahlgren, S. and Nilsson, L. (1983). *Actinomyces israelii* in the genital tract of women with and without intra-uterine contraceptive devices. *Acta Obstet. Gynecol. Scand.*, **62**, 563
2. Persson, E. and Holmberg, K. (1984). Genital colonization by *Actinomyces israelii* and serologic immune response to the bacterium after five years use of the same copper intra-uterine device. *Acta Obstet. Gynecol. Scand.*, **63**, 202
3. Persson, E. and Holmberg, K. (1984). A longitudinal study of *Actinomyces israelii* in the female genital tract. *Acta Obstet. Gynecol. Scand.*, **63**, 207

Paper No. 3 reports that *A. israelii* was recovered in 24% of the perineal, 13% of the vaginal, and 6% of the cervical samples, respectively. The occurrence of *A. israelii* was not related to the phase of the menstrual cycle, amount of bleeding or discharge, vaginal pH, the contraceptive method used (including the IUD) or the use of different sanitary products. The authors concluded that *A. israelii* was a part of the indigenous genital flora of healthy women.

Paper No. 2 reports that no significant differences were found in the rate of colonization in a group of 74 women wearing IUDs for 60 ± 6 months compared to 44 women in a control group wearing their IUDs for 36 ± 6 months.

Paper No. 1 reports that immunofluorescent staining and cultures identified *A. israelii* in 4% of 68 IUD users and 3% of 68 women without IUDs. This difference was not significant.

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