

# LETTER TO THE EDITOR

24th September 1984

Dear Sir,

The paper presented by Drs. Khalil Rajab and Avita D'Sa in Vol.6, No.2, of the Bahrain Medical Bulletin presented some interesting information concerning the "Solco Trichovac" vaccine.

However, the authors failed to mention that reinfection with *Trichomonas Vaginalis* can generally be overcome by treating the sexual partner, as well as the patient, with an imidazole, and by forbidding coitus during the period of treatment.

I wonder how the cost of treatment using this approach compares with the cost of vaccination?

Yours sincerely,

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REPLY :

6 January 1985

Dear Sir,

In reply to Dr. Robertson's letter, I would like to submit the following clarification and commentaries.

A. Routine 'Imidazole' treatment of husbands or sexual partners of the women in this trial was deliberately avoided so as not to prejudice the validity of the results of the vaccine prophylactic effect during the followup periods. Had we used Imidazole preparation to treat the husbands as well, the prevention of recurrence in this study could have been subscribed to Imidazole alone. Similar precautions were followed up in most of the published trials on this vaccine over the past 4 years.<sup>1 2 3</sup>

B. In general practice, the treatment of sexual partners or husband of the infected woman is an established routine in and outside Bahrain.

C. The cost effectiveness of the vaccine compared to (7-10 days course) of Imidazole therapy for husband and wife is nearly similar. It is around BD 7.

D. Having said this, I would like to point out that treatment of the husband has its problems:

- i. Infection of women from a symptomless man is still debatable.<sup>4</sup>
- ii. Treatment of husband should ideally be based on detection of trichomonads in the urethral or prostatic discharge. Both are not easy to collect in addition to the fact the microscopic yield is poor.
- iii. Systemic Imidazole therapy over the past 20 years did not eradicate or even reduce the incidence of trichomoniasis.<sup>5</sup> It does not prevent reinfection and what is interesting is that there are several reports about Imidazole resistant trichomons strains.<sup>6</sup>
- iv. The compliance of patients or even more, the husband to the full course of Imidazole has been poor either because of the side effects, the length of the course or refusal of symptom free partners to take the medicine. Recently, a single 2 gram dose has been tried in United States.
- v. Systemic therapy with Imidazole is not without risks so every effort must be taken to see the husband also before issuing him with a prescription. The purpose being to obtain specimens and to exclude history of alcoholism, neurological or haematological disturbances.

In the final analysis, it seems that solco-trichovac vaccine is a useful public health measure to prevent reinfection with this sexually transmitted disease.

## REFERENCES :

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Khalil Rajab