

4). Botter and co-workers treated their patients until clinical cure or for at least 6 weeks, using 200 mg/days, and found a beneficial effect in all of 4 patients with previously resistant *T. rubrum* infection. However, no follow-up study was reported (1). Side effects from Ketoconazole seem to be few (2), although signs of hepatotoxicity have been demonstrated (5). In our study the fungus could not be found in the skin in 6 of 10 patients at the end of the treatment period, but at a follow-up examination 2 months later a relapse was demonstrated in 3 of these 6 patients. The relapse occurred in patients treated with Ketoconazole 200 mg/day as well as 400 mg/day, and thus seems to be unrelated to the dose.

Our finding of 50% relapse within 2 months in the patients with an initial response may indicate that a treatment period of 8 weeks is too short in this type of patient.

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Venereal Disease in Patients with Scabies: A Five-year Survey

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Abstract. Over a 5-year period, 946 patients with scabies were offered venereological examination. 234 women and 436 men were examined and a prevalence of 8% gonorrhea in women and 1.4% in the men was found. Neither unknown cases of syphilis nor chancroid nor lymphogranuloma venereum were found. As the 8% incidence of asymptomatic gonorrhoea in women is significantly higher than in routinely examined patients, we consider that female scabious patients are high-risk group for asymptomatic gonorrhoea.

Key words: Scabies; Venereal disease

Over the past 16 years it has been customary in the Dermatology Clinic at the Municipal Hospital in Copenhagen to offer a complete venereological examination to all men with scabies. From May 1974 both sexes have been examined, when ever possible.

We decided to make a 5-year follow-up investigation to test the benefit of venereological examinations in scabies patients, as this procedure is not a routine in Denmark.

MATERIALS AND METHODS

From 1974 to 1979, 946 patients, 387 women and 559 men all over 14 years of age, admitted to our clinic with an itching skin disease and having had a living scabies mite demonstrated by needle extraction, were offered a full examination including anogenital inspection. Cultures were taken from the urethra, rectum, tonsils and in the women from the cervix, to be tested for *Neisseria gonorrhoea*. Blood samples were examined for syphilis.

RESULTS

1. Gonorrhoea

670 patients, 234 women and 436 men, consented to be examined, the majority belonging to the age group 15–35 years.

18 women, equivalent to 8% (confidence limit 95%: 4–11%) and 6 men, equivalent to 1.4% (confidence limit 95%: 0.5–3%) had gonorrhoea. All the

men were asymptomatic and approximately half the women had had non-specific symptoms such as mild lower abdominal pain or slight vaginal discharge.

2. *Syphilis*

658 patients, 276 women and 372 men, were tested for syphilis. None of the women had positive reactions. Nine men, equivalent to 2.5% (confidence limit 95%: 1–3%) displayed positive reactions. Five of these 9 were known to have had syphilis, 3 were biological false-positive and 1 left the country before further investigations could be made.

No cases of lymphogranuloma venereum and chancroid were diagnosed.

DISCUSSION

The scabies is generally believed to be transmitted in adults by intimate contact and has a higher incidence in promiscuous populations. Thus a relationship between this disease and other sexual transmitted diseases is to be expected (2, 8).

This survey demonstrates a prevalence of 8% asymptomatic gonorrhoea in female scabies patients, which is significantly higher than figures obtained by routine examinations in gynaecological departments (1.3–2.8%) (1, 4) and contraceptive clinics (1.5–3.1%) (3, 7) in Scandinavia, but slightly lower than the results in one preliminary report (12% in 76 patients) (6).

Among the men we found a 1.4% incidence, which is within the chosen confidence limits. These figures hardly indicate the men as being high-risk group, but merely reflect data from a population with an overall higher rate of both infestations and infections (9).

The syphilis investigations revealed no unknown infections and the incidence of treated patients could be considered due to the above-mentioned relationship.

In conclusion we find that it is to be recommended that women scabies patients should be examined for gonorrhoea, as they belong to a high-risk group for gonorrhoea, in particular the asymptomatic form (5).

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