Forty Years On – The Ever Changing Pattern and Progress of Venereology

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INTRODUCTION

This is a tribute to an enormously important Viennese professor of dermatology who has influenced so many of those who have learnt from him and follow him improving the science and practice of dermatovenerology and especially sexually transmitted infections (STIs) in recent times. It is also recognition of Alpine-Danube-Adria (ADA) for its important role in education in STIs and skin diseases over the remarkable years of the 1990s to 2010.

Forty years covers my time from being a junior doctor until the present. It covers a time of remarkable achievements in STIs, especially since the advent in diagnostics of the development of the polymerase chain reaction (PCR) technique of DNA amplification in the 1980s. It covers the time of HIV/AIDS and its interaction with other STIs. It covers the time of enormous advances in our understanding and treatment in one form or another of herpes genitalis, human papilloma virus genital wart infection and hepatitis B. It has also been a time where there have been enormous changes to our understanding of human sexuality.

SUBJECT

How did I first know of Prof. Sölts-Szöts (Pepe)?

As a young doctor I was keen on learning all I could about sexually transmitted diseases (STDs). I read in the British Journal of Venereal Diseases about 2 books of which he was an author.

“Diagnose und Therapie der Geschlechtskrankheiten” (1) with E. Kokoschka 1973 and “Urethritis Non Gonorrhoica des Mannes 1973” (2), which I bought. Then I met him at the Spring Meeting of the Medical Society for the Study of Venereal Diseases in Vienna, 7 May 1977. What did the first of these publications hold?
It gave the epidemiology of STDs at the time. It gave an update on syphilis; the detection of treponemes, serologic tests and their interpretation, general principles of treatment and assessment of cure, while explaining the principles of TPI, reactive and non reactive FTA and TPHA tests.

In gonorrhoea, it premised the superiority of cultures over smears, pointing out a decrease of false diagnoses made with smear alone. It has to be remembered that in those days, in the male the diagnosis was often by smear alone. It gives differential diagnosis from other Neisseria spp. and Mima epolymorpha.

The third section is on chancroid, granuloma inguinale and lymphogranuloma venereum, then nongonococcal urethritis (NGU) due to bacteria, trichomonads, fungi, mycoplasma and viruses, but Chlamydia trachomatis was a young science then and there is only a short section devoted to it.

But a novel concept is exemplified that in all cases the sexual partner should be seen and efforts made for correct diagnosis and treatment. This was new for NGU in those times.

NGU

Let us look back and remember events at the time. In 1959, Jones (3) and his co-workers had isolated an organism (Chlamydia) from inclusion blennorrhoea. Also, he wrote in 1964 (4) on the ocular syndromes of TRIC virus infection and their possible genital significance. In 1972, Dunlop et al. (5) demonstrated improved techniques for isolation of Chlamydia. In 1976, Schachter (6) postulated Chlamydiae as agents of STDs.

Recognition of Chlamydia meant of course that a common bacterial genital infection could be diagnosed in both sexes. It meant that complications such as pelvic inflammatory disease with medical awareness should be able to be much reduced.

For many years, culture of Chlamydia trachomatis was the gold standard. Now of course nucleic acid amplification tests (NAATS) are not only used for Chlamydia trachomatis, but for most other causes of STDs as well.

Treatment (7) has changed from tetracycline and oxytetracycline, spiramycin and streptomycin in combination with sulphonamides to doxycycline, azithromycin and ofloxacin.

SYPHILIS

Back in the early 1970s, syphilis was seen not as frequently as 30 years before, but still as a threatening problem in Europe with the realisation of increasing homosexually contracted syphilis. There had been some remarkable publications on it. WHO Scientific Group (8) had published a policy document on Treponematoses Research in 1970. WHO International Travelling Seminar (9) had reported critically (1973)
on the run down of STD services in USA seen in 1971.
The summation of knowledge on penicillin treatment in syphilis (10) over 30 years was published in 1972.
My first major paper (11) was on the epidemiology of syphilis in West London in 1972.

**VIRAL STDs**

The early '70s were times of great advances in our understanding of viral STDs. In 1970, Orieland Almeida (12) demonstrated virus particles in human genital warts, followed by the natural history of genital warts in 1971 (13).

However, the effective treatment of genital herpes was still a long way off. Even at the time of the first edition of King Holmes, Corey (14) STDs in 1984, only acyclovir cream could be offered. A rider is written: “... because of the chronicity and frequency of genital herpes, further work on these aspects of therapy is needed”.

**TRICHOMONIASIS**

Work by the French team of Durel, Roiron, Siboullet and Borel (1960) (15) had shown metronidazole to be effective for this infection. By the 1970s, resistance by *Trichomonas vaginalis* had not yet occurred, as shown by the studies of the Vienna group (Meingassner, Havelec and Mieth) published in 1978 (16).

**GONORRHOEA**

Epidemiology from all round the world showed an increasing incidence of gonorrhoea from about 1958 (17). This is often given in simplistic terms such as the youth culture of the times, sex, drugs and rock and roll, together with the use of the contraceptive pill for women. This is probably not quite correct, as we do not really know much about the prevalence in those times. However, forecasts of problems ahead were already there. In 1972, Sparling (18) had forecast resistance growing in gonorrhoea. He showed that in the Far East where penicillin resistance was most common wild type sensitive strains had almost disappeared and pointed out worse was to come, which it did. He also forecast spectinomycin would be needed in its cure.

In 1966, Danielsson and Michaelsson (19) in Sweden described the gonococcal dermatitis arthritis syndrome. In 1973, Bro-Jørgensen and Jensen (20) described the first large series of gonococcal pharyngeal infection and important contact/treatment link, and in 1977 Eisenstein (21) described the conjugal transfer of the gonococcal penicillinase plasmid.

There are lessons to be learned from resistance to most antibiotics. Diagnosis is now by nucleoside antigen amplification tests (NAATS) but reference centres are needed to monitor resistant strains. There is a need for constant monitoring and strict updated guidelines for prescribing antibiotics. There is a need for partner notification (contact tracing) and a need for prevention strategies for bacterial STDs.

**HOMOSEXUALLY TRANSMITTED INFECTION**

In the 1970s before AIDS, from America and Europe reports were being made on new infectious syndromes seen in men who had sex with men (MSM), intestinal parasites as well as bacteria, and viruses being the causes. This was summed up as the gay bowel syndrome (22) in 1976, at the same time practical advice being given out by clinicians looking after MSM.

Epidemiological studies (23) from the USA and Europe showed at least 5% of MSM in large cities were HBsAg positive while anti-HBs was found in 38%-61%. The need for prevention with an effective vaccine became paramount. Luckily, effective vaccine was available for hepatitis B from the 1980s.

**HIV/AIDS**

And from 1981 (24,25) reports of what we now know as AIDS came in at first from the USA in MSM but then seen in other groups, drug addicts, haemophiliacs, recipients of infected blood as well as a major epidemic in heterosexuals, especially in sub-Saharan Africa as well as in other poor areas of the world. It is still a major health problem in many parts of Africa where poverty and poor education and unsettled politics exist.

**ODE TO JOY**

Who could have conceived in these 40 years what changes have been made to the map and politics of the former Romanoff, later Soviet, Prussian and Habsburg empires and former Yugoslavia?

In our professional lifetimes we have seen not only the birth and existence of the Alpine-Danube-Adria but separate and free societies for the study of dermatovenereology in all the countries of the Danube basin as well as bordering lands.

*Lieber Pepe, Alles Gute zum Geburtstag.*

(Depe Pepe, all the best for Your birthday)

**References**