

POSSIBILITIES OF RATIONALIZATION IN THE TREATMENT OF TRICHOMONIASIS

MICHAL VALENT, GUSTÁV ČATÁR, ANDRZEJ JÁNOŠKA and WERNER
SCHOLZ

Department of Parasitology, Faculty of Medicine, Komensky University, Bratislava,
ČSSR

Since the time when in September 1959 at the Canadian Symposium on non-gonorrhoeic urethritis and human trichomoniasis the first authors reported on the excellent results of treatment with metronidazole, numerous papers on these problems have been published. Opinions of various authors upon the dosage and therapeutic results of metronidazole are different. In spite of the fact that metronidazole is generally accepted to be a highly effective drug in the treatment of trichomoniasis, yet some clinicians are of opinion that metronidazole is no longer effective enough and they require new preparations for trichomoniasis treatment. Since the year 1964 even we have used Metronidazol Spofa, oral and vaginal tablets, in the treatment of trichomoniasis [1].

The question which is always discussed in valuating the therapeutic effect of metronidazole and which is closely connected with trichomoniasis control, is the occurrence of treatment failures. It is very difficult to appreciate the therapeutic results in outpatients because of the possibility of reinfection from consorts. Only during the hospitalization of patients when the re-infection by consorts is impossible we are able to observe treatment failures — recidivations [5].

Our study of therapeutic effects of Metronidazol Spofa is based upon the results obtained by treating the women confined in prison. Re-infections are impossible here with regard to the daily regime and hygienic — epidemiologic measures (Table 1).

Our experience with the Metronidazol Spofa in the treatment of trichomoniasis shows very good therapeutic effects and good tolerance by the patients. A reliable laboratory diagnostic method is as important as precluding the possibility of re-infection. Our experience shows that culti-

TABLE

Results of treatment of Trichomoniasis with Metronidazol Spofa,
Naxogin Carlo Erba and Entizol Polfa

TABELA

Rezultaty leczenia rzęsistkowicy Metronidazolem Spofa, Naxoginem
Carlo Erba i Entizolem Polfa

Number Liczba	Dose Dawka	Therapeutic effect Efekt leczniczy
306*	Metronidazol Spofa 5.0 g, 3×1 — 7 days — dni	1st dose 95.7% 1 dawka 2nd dose 99.3% 2 dawka
147*	Metronidazol Spofa 2.0 g, 1×	1st dose 97.3% 1 dawka 2nd dose 100% 2 dawka
35**	Naxogin Carlo Erba 3.0 g, 2×1 — 6 days — dni	85.7%
15**	Naxogin Carlo Erba 2.0 g, 1×	80.0%
19*	Naxogin Carlo Erba 2.0 g, 1×	94.7%
89*	Entizol Polfa 2.0 g, 1×	1st dose 95.5% 1 dawka 2nd dose 100% 2 dawka

* woman prisoners — więźniarki

** outpatients — pacjentki spoza więzienia

vation is best diagnostic method for the detection of trichomoniasis, as we have already reported before [2, 4].

No increased occurrence of yeast microorganisms was observed in the imprisoned women after the treatment with metronidazole. This fact is perhaps connected with male consort who may play an important role in such cases [3].

Sometimes there are reports on unsuccessful treatment of trichomoniasis with Metronidazol Spofa. In our opinion these failures are due to incorrect diagnosing of trichomoniasis, when physicians take into account only clinical symptoms of the disease and neglect the laboratory proof of the parasite. Even if it is widely known that trichomoniasis can

be reliably detected only by laboratory methods, we may see such cases that the patients or consorts are re-treated only on the basis of continued subjective complaints that are often regarded by the physician a treatment failure — resistance of *T. vaginalis* to metronidazole, without any laboratory proof of the parasite or without the examination for mycotic or bacterial infectin.

With regard to purposeful pharmacotherapy we are of opinion that unnecessary and unfounded administration of grugs on the one hand leads to damage and iatrogenization of patients and on the other hand increases the expenses on medicaments. It is therefore advisable to treat trichomoniasis only in those cases, when the presence of the parasite was proved by laboratory methods. The same refers also to the repeating of the therapy.

Our experience with trichomoniasis treatment in classic dose 5.0 g of Metronidazole Spofa or with the single-dose treatment with 2.0 g per os showed good results. On principle we do not prescribe vaginal tablets [5, 6].

We recommend to use the single-dose treatment of trichomoniasis in wide clinical practice because of several advantages. It is necessary to treat sexual partners concurrently. Male consorts often take a negative attitude to the 7- or 10-day regimen. They often refuse it or interrupt the treatment too soon. One of the causes of negative attitudes of male consorts to the routine treatment with metronidazole are the side-effects when using with alcohol. Drinking even a small amount of alcohol during the course of treatment may lead in some cases to the side-effects in the sphere of gastrointestinal tract — to nausea. In the single-dose treatment it is unnecessary to keep longer sexual abstinence which is, on the contrary, absolutely necessary during the whole course of the treatment usually employed.

It is advisable to increase the amount of effective substance per tablet and correspondingly to change the contents of tablets in one package. Regarding the contemporary want of metronidazole we ought to take advantages of the single-dose treatment, even for the reason both of economy and purposeful pharmacotherapy.

Author's address:

801 00 Bratislava, Sasinkova 4/a
ČSSR

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MOŽLIVOŚĆ OBNIŽENIA KOSZTÓW LECZENIA RZESISTKOWICY

M. VALENT, G. ČATÁR, A. JANOŠKA i W. SCHOLZ

Autorzy uważają, że zmniejszenie kosztów zwalczania rzesistkowicy jest możliwe przy stosowaniu jednorazowo w ilości 2,0 g jednego z trzech preparatów, tj. Metronidazol Spofa, Naxogin Carlo Erba i Entizol Polfa, oraz — najlepszego ich zdaniem sposobu wykrywania rzesistka, tj. metody hodowli.