Pharyngeal gonorrhoea at the Princess Alexandra Hospital Sexual Health Clinic: A retrospective review over 5 years

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BACKGROUND
Concern has been raised over rising cephalosporin mean inhibitory concentrations (MIC) of Neisseria gonorrhoea. Screening practices are based on risks of acquisition based on history. Symptoms of infection are rarely attributable to oopharyngeal gonorrhoea.1 The aim of this study was to review pharyngeal gonorrhoea over the past 5 years at the Princess Alexandra Hospital (PAH) sexual health clinic.

METHODS
This was a retrospective study of pharyngeal gonorrhoea diagnosed by nucleic acid amplification testing (NAAT) and/or culture at the PAH sexual health clinic between 1st January, 2007 and 28th of February, 2013. Information was obtained from chart reviews and database entries.

RESULTS
We identified 81 cases of pharyngeal gonorrhoea. 72 of these cases were men who have sex with men (MSM). 5 of the 9 female cases were identified amongst sex workers. 59 patients were treated with 500 mg of intramuscular (IM) ceftriaxone and 20 patients were treated with 250 mg IM ceftriaxone. 72 out of 81 had concurrent treatment with azithromycin. 52 patients had a throat swab for culture prior to treatment, with Neisseria gonorrhoea isolated in 19. The MICs of isolates from throat swabs ranged from 0.008 to 0.064. This is similar to data from the Australian Gonococcal Surveillance Programme annual report.2 Gonococcal isolates with ceftriaxone MIC range 0.06–0.125 mg/L correspond to decreased susceptibility. Test of cure (TOC) was performed within 3 months in 44 cases (54%) and was PCR-positive in 3 cases. All 3 cases were subsequently successfully treated. Positive test of cures may represent treatment failure, though they may also be attributable to reinfections.1,3

CONCLUSIONS
Pharyngeal gonorrhoea is of significant concern for sexual health practitioners and microbiologists. A rise in cephalosporin MICs has been seen at our institute over the past 5 years. The yield from swabs for culture is low, but a valuable tool for surveillance of rising MICs. Test of cure is valuable to identify treatment failure or reinfection. In this study which mainly screened high risk patients, only 1 in 2 patients returned for a test of cure and this may in future contribute to the potential rise of multi drug resistant Neisseria gonorrhoea.

REFERENCES