Lesions were also visible all around the prepuce. Warty lesions were visible (fig 1). Warty through which multiple papulonodular, lar defect on the dorsal aspect of the prepuce. Lesions enlarged rapidly and started developing small papular lesions on the glans. Lesions are visible.

Editor,—Trichomonas vaginalis infection occurs worldwide with an incidence of over 200 million infections per year.1 Clinical disease in women ranges from asymptomatic to severe vaginitis, and has been associated with preterm delivery2 and an increased rate of HIV-1 transmission.3

The magnitude of T vaginalis associated morbidity, including risk of HIV-1 transmission, makes simple accurate diagnosis important especially in at-risk populations. Microscopic examination of a wet mount vaginal specimen is easy to perform but only identifies 40–60% of infections in comparison to culture. The In-pouch culture system (Biomed Inc, San Jose, CA, USA) is reported to be equally sensitive yet more practical than traditional culture methods.4 We have proved sensitivity, culturing of urine from female patients for T vaginalis might prove useful in population based screening programmes, field investigations, or individual circumstances when a patient might not want a genital examination. Therefore, we set out to determine the sensitivity of culturing urine from women in comparison with a self collected vaginal swab for identification of T vaginalis.

We recruited participants from a randomised community study that investigated the prevalence of sexually transmitted infections in women with and without access to female condoms.5 In this particular subset we obtained specimens from participants in two study sites. Participants were instructed by one of the study nurses how to obtain a self collected vaginal swab and at the same time collect urine. Women were informed not to clean the genital area before providing both specimens. Immediately after collection the vaginal swab was inoculated into the In-pouch and urine was stored at 2000;10 minutes. After the supernatant was discarded, the sediment was agitated and pipetted directly into the In-pouch. Specimens were shipped at room temperature to the University of Nairobi and incubated at 37°C for up to 5 days according to manufacturer’s instructions. Daily microscopic examination was performed for identification of T vaginalis. Random specimen coding ensured that laboratory staff remained blind to specimen source and pairing.

We recruited 675 women for this substudy. T vaginalis was detected by culture in 121 (17.9%) women per self collected swab and 23 (3.4%) women per centrifuged urine. In comparison with culture of self collected swab, culture of centrifuged urine yielded a sensitivity of only 17% and a specificity of 99.6% (table 1). We originally intended to recruit over 2000 women into the study, but discontinued recruitment when preliminary results clearly demonstrated the inadequacy of urine for culturing T vaginalis in women. In this large scale community study we found culture of centrifuged urine very insensitive for identification of trichomonads in women. Since only 5–10 organisms in a sample are necessary for a positive culture, these findings were unexpected. We cannot fully explain why culture of urine for T vaginalis in women proved so poor. Because of contamination of the external genitalia with vaginal fluid, a first void urine specimen might have proved a better sample.

5 Total

Table 1 Comparison of culture for T vaginalis from centrifuged urine and self collected vaginal swab in 675 women

<table>
<thead>
<tr>
<th>T vaginalis urine culture</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>Negative</td>
<td>552</td>
</tr>
<tr>
<td>Positive</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>652</td>
</tr>
</tbody>
</table>

Kappa = 0.256.
BOOK REVIEWS


It is 6 years since the first edition of this book and the expansion in knowledge about lower genital tract precancer has been reflected in the addition of an assistant and a contributing author, as well as an increase in the number of pages (from 254 in the first edition to 323 in the present one). The extra input and space has been used to maximal effect with the book losing none of its attractiveness of appearance, content, and even texture by its use of high quality paper.

The addition of a chapter on the role of human papilloma virus in lower genital tract neoplasia makes the book more rounded. This chapter is comprehensive as well as excellently presented and very up to date. I appreciated the section on the role of oncogenic HPV detection in the prevention of lower genital tract precancer, although this naturally concerned CIN rather than VIN or VaIN.

I would have preferred chapter 5 (Cytology and screening for cervical precursor) to follow chapter 2 (HPV in the pathogenesis of lower genital tract neoplasia) and then the more practical aspects of colposcopy itself would not be intermixed. This is a small criticism of an otherwise comprehensive and logical content.

The chapter on the management of cervical precursor is a delight to read and see, with the section devoted to HIV positive women reflecting most shades of reliable opinion in this developing field. HIV is again included in the chapter on VIN. GU colposcopy will be particularly interested in the final chapters on infective conditions causing confusion in diagnosis of lower genital tract precursor. It is easy to quibble with some of the statements of management of the infections noted (cervical warts do not even merit a mention of treatment) but that is not the remit of the book.

The illustrations are generous throughout and the line drawings are used to very good effect. The overabundant book critic might mention the data left on some colposcopic photographs, the venerable laser machine showed on page 171 and whether the speculum is correctly placed on page 36, but not more.

This is a “must buy.” It’s a big book (in size, content, and price) which should form the nucleus of the colposcopist’s library.

D A HICKS
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Considering we inquire about or promote the use of condoms with each and every patient we see in GU/HIV clinics, it’s extraordinary how little we know about them. “Penis protectors” have come a long way since they were used in battle, cast to size, and made from goat bladder, although “natural” condoms can still be obtained today from the caeca of New Zealand lambs. Thanks to Charles Goodyear, the birth control movement, and the HIV epidemic the condom has enjoyed a renaissance and with more strin-

Letters, Book reviews, CD-Rom reviews, Notices