mycin regimen for the treatment of chancroid

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Abstract:

Haemophilus ducreyi is the commonest cause of genital ulcer disease in Africa and is associated with heterosexual transmission of human immunodeficiency virus(HIV). The World Health Organization currently recommends erythromycin 500 mg three times a day for seven days as the treatment of choice for Haemophilus ducreyi infection. We studied the effectiveness of a lower dose erythromycin treatment regime, 250 mg three times a day for seven days in the treatment of chancroid. Patients with genital ulcer disease presenting at Nairobi City council clinic between January and March, 1992 were recruited into the study. Swabs were taken from the ulcers for Haemophilus ducreyi and venous blood was screened for syphilis and HIV antibodies. A total of 219 patients were enrolled for the study and were reviewed on days seven and fourteen for side effects, bacteriological and clinical cure rates. 26.4% of the study population were HIV-1 seropositive. The treatment regime was well tolerated and effective in both HIV seropositive and seronegative patients. Complete bacteriological cure rate was achieved in Haemophilus ducreyi culture positives by day seven irrespective of the HIV serostatus. However, the clinical cure rate for HIV seropositive patients was 88% compared to 99% for seronegative patients ($p<.001$). It is concluded that a low dose erythromycin is an inexpensive and effective treatment for chancroid with complete bacteriological cure rate, although the healing process takes longer in HIV seropositive patients.