

ulcer lesions were usually not positive by either technique (34%, 16%). In only one of 17 examinations was the Tzanck smear positive with a negative viral culture. The authors note that a positive Tzanck smear can be considered substantial evidence for a herpetic infection. Although viral cultures are more sensitive than the Tzanck smear, they require a delay in diagnosis and cost \$50 more. The authors conclude that a positive Tzanck preparation is an accurate, economical aid in the rapid diagnosis of cutaneous herpes simplex. [Editor's note: Lesions on the genitalia had a low yield on both culture (54%) and Tzanck smear (27%). A negative smear is nondiagnostic.]

Keith Kaback, MD

CHILD ABUSE, VAGINITIS; CHLAMYDIA TRACHOMATIS, IN CHILDREN; VAGINITIS, IN CHILDREN

Vaginal Chlamydia trachomatis infection in children with sexual contact

Ingram DL, Runyan DK, Collins AD, et al
Pediatr Infect Dis 3:97-99
Mar/Apr 1984

A study was performed to test the association in young girls of *Chlamydia trachomatis* vaginal infections and sexual abuse. The study group consisted of 50 girls (median age, 7.5 years; range 1 to 12) seen consecutively for possible sexual abuse, and 34 controls (median age, 4.5 years; range 1 to 11). All children had vaginal, rectal, and throat *C trachomatis* and *N gonorrhoea* cultures done. Of the 50 girls with a history of sexual abuse, three had *C trachomatis* vaginal infections and ten had gonorrhoea vaginitis. Of the 34 control patients, one had a pharyngeal culture positive for *C trachomatis*; none had gonorrhoea or *C trachomatis* vaginitis. The difference in the prevalence of *C trachomatis* vaginitis between the two groups was not statistically significant. In spite of that fact, the authors recommend that *C trachomatis* be cultured for routinely as part of a sexual abuse evaluation so that those who are infected may be treated.

Richard Grazer, MD

VAGINITIS, SINGLE-DOSE ORNIDAZOLE

Single oral dose of ornidazole in women with vaginal trichomoniasis

Fugere P, Verschelden G, Caron M
Obstet Gynecol 62:502-505
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The authors prospectively evaluated the effectiveness of three single-dose therapy regimens of ornidazole in vaginal trichomoniasis. Ornidazole, like metronidazole, is a 5-nitroimidazole derivative with marked in vitro activity against *Trichomonas vaginalis*, *Entamoeba histolytica*, and *Giardia*

lamblia. Sixty patients with a confirmed diagnosis of trichomoniasis demonstrated by light microscopy of a fresh wet smear of vaginal exudate were admitted to the trial. Patients were randomly assigned to one of three treatment regimens under double-blind conditions: 0.5 g, 1.0 g, or 1.5 g of ornidazole orally. At two follow-up visits (7 to 12 days and 30 days after treatment), each patient underwent a repeat examination for presence of *T vaginalis*. A questionnaire was used for evaluation of patient tolerance of the medication. Treatment failure was defined as presence of *T vaginalis* on any follow-up examinations performed. The authors found a 95% and 100% microscopically confirmed cure rate at the first follow-up visit in the 1.0-g and 1.5-g groups, respectively. The 0.5-g group had a cure rate of 65%. At the second follow-up visit, no additional treatment failures were found in the 1.5-g and 1.0-g groups, whereas three additional treatment failures were found in the 0.5-g group. Thirteen patients reported mild to moderate adverse effects, consisting of gastrointestinal complaints (nausea, vomiting, diarrhea) and CNS complaints (fatigue, dizziness, weakness, hot spells). Twelve of the 13 patients were in the 1.5- or 1.0-g groups. The authors conclude that both efficacy and side effects appear to be dose-related, and that single-dose treatment of trichomoniasis with 1.5 or 1.0 g of ornidazole is effective and relatively well tolerated.

Martin Ogle, MD

CROUP; LOWER RESPIRATORY TRACT INFECTION; PEDIATRICS, CROUP; PARAINFLUENZA VIRUS

Croup: An 11-year study in a pediatric practice

Denny FW, Murphy TF, Clyde WA, et al
Pediatrics 71:871-876
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Croup, tracheobronchitis, bronchiolitis and pneumonia are syndromes of lower respiratory tract infections (LRI) in children. The authors prospectively evaluated their group practice to elucidate the etiology and patterns of occurrence of croup. The study examined 6,165 children with complaints of LRIs, of which 951 had croup. No child in the first month of life had croup. The highest croup attack rate was in the second year of life, and after that it decreased steadily. Overall the attack rate was 1.43 times greater in boys than in girls. The oropharynx of all children was cultured for viruses and mycoplasmas. A total of 360 agents were isolated from 358 children (overall isolation rate was 37.6%). Parainfluenza viruses accounted for 74.2% of all isolates, and were the predominant agents of all ages. Respiratory syncytial virus was isolated only in patients under age 5, while influenza virus (A and B) and *Mycoplasma pneumoniae* were significant agents only in those above 5 years of age. The rise in croup cases began in September, peaked in November, dropped markedly in December, and then decreased gradually over the winter months. This study was unable to relate the severity of croup to the particular agent isolated, although other studies have indicated influenza