Correspondence

The value of treating the male partner in vaginal candidiasis

Dear Sir,

Treatment of asymptomatic male partners of women with vaginal candidiasis is usually indicated when such women suffer from recurrent attacks or resistant infection.[1] These types of vaginal candidiasis differ from the acute, transient variety, which is frequent, easily treatable and sometimes self-limiting once the predisposing factor is removed. The paper by Shihadeh and Nawafleh[2] which appeared in the Saudi Medical Journal, Volume 21, Number 11, November 2000, pages 1065-1067, did not differentiate which category of vaginal candidiasis they studied. This unfortunately, has resulted in some gaps in their presentation and conclusion. However, it would appear that women in the later category were studied. The authors stated that 5 males had symptoms suggestive of Candida infection, such as penile itching and burning sensation. This assumption was not substantiated and unfortunately, it was reflected in their discussion. It is also not clear to which of the 2 groups these 5 men belonged. Infact, the authors further contradicted themselves by saying that both the control and study groups of male partners were without infection. The only sure way to have ruled out Candida infection in these men was to have carried out urine and urethral swab cultures in them. Unfortunately these were not carried out, and if they were carried out, it was not stated. Another puzzle is how the male partners of infected women were randomly selected ro receive ketoconazole. Table 2 shows that this was very unlikely to have been the case. Rather, the women were equally matched, using some key determinants of Candida infection (as in Table 2), and their corresponding male partners were put into one of 2 groups, those to receive and those not to receive ketoconazole. If this was the case, then, it is by no means a random selection. Ketoconazole, is not a particularly suitable drug for this type of study. It is more often reserved for systemic, chronic or recurrent vaginal candidiasis.[3] Where it has been used for localized candidiasis cases of relapse are common and prolonged, intermittent treatment beyond one week is advocated.[1,4,5] Fluconazole rather than ketoconazole, would have been a better choice. According to the authors, mycological studies were carried out at one and 4 weeks after the start of treatment. I understand this to mean on day 7 or 8 and 28 after the start of treatment. The first culture should have been carried out 2 weeks (day 14) after the start of treatment since their treatment lasted 7 days. This is due to the tissue concentration of ketoconazole being high at week one (7th or 8th day) and so producing mycostatic effect rather than true evidence of cure. The post-treatment cultures, therefore, were best carried out at 2 and 4 weeks after the start of treatment. Finally the role of male partners in female vaginal candidiasis may depend more on factors such as, the practice of oro-genital sex, trauma to the vagina during sex, male circumcision rather than urethral colonization, which is highly infrequent.

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Reply from the Author

Author declined to reply

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Erratum

In manuscript "Changing trends and etiology of bacteremia in a referral hospital in Saudi Arabia" Saudi Medical Journal 2000; Vol. 22 (2) 178-179, the authors of this article should have appeared as: Mohammed Qutub, Javed Akhter.