Recurrent Toxic Shock–Like Illness Associated with Menses

Sir—I read with interest the brief report of Verbon and Fisher on recalcitrant erythematous desquamating (RED) disorder associated with fatal recurrent toxic shock syndrome (TSS) in a patient without AIDS [1]. They report that RED disorder had not been described in patients without AIDS. However, shortly after toxic shock syndrome was first described and before the AIDS epidemic, I described three patients who had recurrent toxic shock–like illnesses [2]. These patients were all women with pelvic infections, which were suspected because of the temporal relationship between their recurrent illnesses and menses. In each case, after the pelvic infection was treated, the recurring TSS disappeared.

The first patient was a 27-year-old woman with recurring episodes of fever, myalgias, arthralgias, nausea, vomiting, headache, and diffuse erythema with subsequent desquamation. These episodes began 2–3 days after the onset of her menses. She was shown to have right adnexitis associated with the presence of an intrauterine contraceptive device. After the device was removed, pelvic adhesions were lysed laparoscopically, and she received a full course of antibiotic therapy, the episodes ceased.

The second patient was a 23-year-old woman with recurring episodes of fever, diarrhea, nausea, and generalized erythema that were followed by desquamation. The illness began within the first 3 days of her menses. Bilateral adnexal thickness was detected with use of sonography, and after a course of antibiotic therapy was administered, she had no recurrences of her illness.

The third patient was a 34-year-old woman who developed fever, hypotension, diarrhea, and vomiting with diffuse erythema 8 weeks postpartum. She was treated for bacterial sepsis, and one of six blood cultures yielded Escherichia coli. One month later she developed an identical syndrome in association with her menses. She was treated for bacterial sepsis, although all cultures were negative. The following month, on the first day of her menses, she developed fever, hypotension, and a diffuse erythema. Laparoscopy demonstrated adnexitis, for which she was treated; she had no subsequent episodes of fever.

These three patients all had adnexal inflammation, and there was a temporal association between their recurrent illnesses and their menses. It seemed likely that access to the bloodstream by bacteria or bacterial products may have been facilitated during menses. This hypothesis was strengthened by the resolution of these patients’ recurrent episodes of adnexal inflammation after treatment.

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References


Recurrence of TSS and Other Microbial Infections That Do Not Cause TSS

Sir—We appreciate the remarks by Schlossberg. He again shows that a variety of clinical manifestations of toxic shock syndrome (TSS) exists, as has been suggested by other authors [1–4]. The recalcitrant erythematous desquamating (RED) disorder, as described by Cone et al. [5] in 1992, is a presumed variant of TSS and is distinguished from classic TSS by its subacute presentation and recalcitrant course. The symptoms of the patient we described [6] were compatible with this diagnosis, and his desquamating erythema persisted for most of the 8 months of his illness. The three patients described by Schlossberg had episodes of an acute, self-limiting illness lasting ≤1 week, until they were treated with antibiotics [7]. A high rate of recurrence of TSS or TSS-like illness has been described among patients with untreated menses–associated cases [8]. Recurrence of TSS has also been described in cases of nonmenstrual TSS, although not after adequate antimicrobial therapy has been administered [4]. In retrospect, because of the absence of a recalcitrant erythematous disorder, these cases do not seem to fit the case definition of the RED disorder. However, whether some of the patients with recurrent TSS-like illnesses who were described before 1992 in fact had RED disorder is an interesting question.

It is also of interest that the patients described by Schlossberg also had soft-tissue infections and were cured after these infections were treated. Therefore, for patients who have recurrent TSS, TSS-like illness, or RED disorder, a search for an infectious focus seems warranted.

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References