Intramuscular versus Intravenous Administration of Benzathine Penicillin

To the Editor—The apparent relapses of neurosyphilis in 3 HIV-infected patients after administration of “usual” therapy for primary or secondary syphilis, reported by Walter et al. [1], unfortunately adds to the confusion about what is “usual” therapy for such patients. Whatever this term might mean, it is apparent from a careful reading of the article by Walter et al. [1] that none of the patients received the “recommended” therapy. Although there is difference of opinion as to the appropriate number of doses—a single dose or 3 doses administered 1 week apart—the recommended therapy for primary or secondary syphilis has been and continues to be 2.4 million U of benzathine penicillin administered intramuscularly [2, 3]. Walter et al. [1] clearly state that, in all 3 cases, the patient was treated with intravenous benzathine penicillin, an inappropriate and not recommended route of administration that would eliminate completely the slow release of penicillin that occurs when this preparation is given by intramuscular injection, as it should be. Even if benzathine penicillin (or any other formulation) was administered in multiple weekly intravenous doses, sustained, therapeutic concentrations would not be achieved. Failure to use a recommended therapy, not HIV infection, is the reason for the treatment failures that occurred in these 3 patients.

Acknowledgments

Henry F. Chambers
Department of Medicine,
University of California–San Francisco

References

Reprints or correspondence: Dr. Henry Chambers, 3400 Bldg. 30, San Francisco General Hospital, 1001 Potrero Ave., San Francisco, CA 94131 (hchambers@medsfgh.ucsf.edu).

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Reply to Chambers

To the Editor—We thank Chambers [1] for his comments regarding intramuscular versus intravenous administration of benzathine penicillin. Indeed, our article [2] contained an error with respect to the route of administration that appeared 3 times: in the seventh sentence of the first paragraph, in the fourth sentence of the third paragraph, and in the fourth sentence of the fifth paragraph in the Case Report section. The 3 patients were, of course, treated with benzathine penicillin administered intramuscularly, and the text should read “weekly intramuscular doses of benzathine penicillin G” instead of “weekly intravenous doses of benzathine penicillin G.” These errors were reported in an erratum published in the 1 December 2006 issue of Clinical Infectious Diseases [2].

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Bertrand Lebouche and Thomas Walter
Hôpital Hôtel-Dieu,
Service d’Hépatogastroentérologie,
Lyon, France

References

Infectious Diseases, Bach Mai Hospital, 78 Giai Phong St., Hanoi, Vietnam

Acknowledgments
Potential conflicts of interest. P.H.: no conflicts.

Peter Horby
Oxford University Clinical Research Unit, National Institute of Infectious and Tropical Diseases, Bach Mai Hospital, Hanoi, Vietnam

Reference

Reprints or correspondence: Dr. Peter Horby, Oxford University Clinical Research Unit, National Institute of Infectious and Tropical Diseases, Bach Mai Hospital, 78 Giai Phong St., Hanoi, Vietnam (peter.horby@gmail.com).

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The Global War on Terrorism

To the Editor—As a reader of Clinical Infectious Diseases living and working in Vietnam, I was naturally drawn to the article by Murray et al. [1] about infections during the Vietnam-America conflict. I was, however, disappointed to see the expression “the global war on terrorism” appear twice in the article. “The global war on terrorism” is a doctrinal slogan that may be popular in the United States but is probably less so elsewhere. It is a statement of policy and beliefs, not merely an operational label, and it can be criticized on many operational, semantic, and ideological grounds.

It is often hard to see the values hidden within words, especially when they are our own values. It is important to be mindful of this when reporting on an issue as sensitive as war in a scientific journal with an international readership.

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Peter Horby
Oxford University Clinical Research Unit, National Institute of Infectious and Tropical Diseases, Bach Mai Hospital, Hanoi, Vietnam

Reference

Reprints or correspondence: Dr. Peter Horby, Oxford University Clinical Research Unit, National Institute of Infectious and Tropical Diseases, Bach Mai Hospital, 78 Giai Phong St., Hanoi, Vietnam (peter.horby@gmail.com).

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