

Failure of dual antimicrobial therapy for gonorrhoea reported

23 June 2016



pharyngeal specimen was negative. In antimicrobial susceptibility testing, the strain was found to be resistant to ceftriaxone, azithromycin, cefixime, cefotaxime, penicillin, tetracycline, and ciprofloxacin, but was susceptible to spectinomycin.

"The patient was considered to have treatment failure because the post-treatment isolate was resistant to ceftriaxone and azithromycin, all specimens contained resistance determinants and identical sequence types, and reinfection was deemed to be unlikely," the authors write. "The [treatment failure](#) reflected difficulties in treating [pharyngeal](#) gonorrhoea as compared with urogenital gonorrhoea."

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(HealthDay)—In a case report published in the June 23 issue of the *New England Journal of Medicine*, dual antimicrobial therapy failure is described in the treatment of gonorrhoea.

Helen Fifer, B.M.B.S., from Public Health England in London, and colleagues describe treatment failure with dual therapy in a heterosexual man with [gonorrhoea](#).

The authors note that *Neisseria gonorrhoeae* was detected in a urine specimen and pharyngeal swab, and in a culture of a urethral specimen. Based on testing with the disk-diffusion method, the *N. gonorrhoeae* strain was resistant to cefuroxime, ciprofloxacin, and tetracycline. The patient was treated with one intramuscular dose of ceftriaxone plus oral azithromycin; on day 15, a urine specimen was negative but a pharyngeal swab remained positive for *N. gonorrhoeae*. After repeat positive tests on days 79 and 98, the patient received a repeat dose of ceftriaxone and azithromycin; at the test of cure on day 112, the

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