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


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References


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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References