Die 4 gevalle beskryf bewys dat die benaming 'fraktuur van die penis' meer as een toestand mag beskryf. Dit word egter gewoonlik gebruik om die eerste 3 gevalle te beskryf. Fetter en Gaertman in 1936 het die ontstaansyfer as 1:175 000 opnames beskryf, soos aangeteken in die Jefferson-hospitaal in Philadelphia, V.S.A.

Die geskiedenis is gewoonlik tipies. Die voorkoms van die gekneusde, gebuigde penis is onmiskenbaar. Bevestiging van die diagnose kan verkry word deur albei die corpora cavernosa te betas, vanaf die crura tot by die glans penis. Die skeur kan gewoonlik gevoel word, en distaal van die skeur 'verdwyn' die aangetaste corpus cavernosum.

In die ontleding van 43 gevalle deur Creecy en Beazlie in 1957 gepubliseer, wys hulle daarop dat die meeste van die skrywers konserwatiewe behandeling aanbeveel. Hierdie behandeling bestaan uit koue drukverbande, kateterisasie en moontlik Varidase-inspuitings. Party beveel aan dat die hematoom later verwyd word.

Dit wil egter voorkom dat waar die tunica albuginea geskeur is, 'n normale erekse nie weer kan plaasvind nie. Spontane fibrose van 'n skeur sal ook tot 'n swak litteken lei, met moontlike verdere besering in die toekoms.

Omiddellike hegting van die tunica albuginea gee 'n onmiddellike goeie resultaat. Dit voorkom al die moontlike laat komplikasies. Die operasie is eenvoudig en die tunica albuginea is so 'n dik struktuur dat die skeur baie maklik geheg kan word. Lastige pynlike erekse na operasie word met estrogene beheer.

In geval 4 is geen behandeling aanbeveel nie, aangesien die pasiënt min ongemak verduur en 'n inwoner van 'n gestig vir geestesverstoordes is. Dit sou egter moontlik wees om die verkalking uit die penis te verwyn, maar normale erekse sou waarskynlik nie plaasvind nie, aangesien die sponsweefsel vernietig is.

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**VERWYSINGS**


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**Thiabendazole in the Treatment of Human Infections with *Ternidens deminutus* (Nematoda)**

**SUMMARY**

Thiabendazole was found to be highly effective in the treatment of *Ternidens deminutus* infections in adult Africans who were given a total dose of 50 mg/kg in 2 doses of 25 mg/kg. The rate of cure determined by failure to detect eggs after treatment was 90.5%.


Thiabendazole (2-[4-thiazolyl]-benzimidazole) (Mintezol; MSD) is a broad-spectrum anthelmintic useful in the treatment of a variety of intestinal nematode infections, including *Enterobius vermicularis*, hookworm, *Ascaris lumbricoides*, *Strongyloides stercoralis* and, to a lesser extent, *Trichuris trichiura*.

To date no results appear to have been published regarding its efficacy in the treatment of human infections with *Ternidens deminutus*—an intestinal nematode which is common in parts of Rhodesia and which is believed to extend to the Transkei in the Republic of South Africa. However, Goldsmid in a brief report noted that 'preliminary observations on the use of thiabendazole against *T. deminutus* appear very encouraging and support the general views of the value of this compound as a broad-spectrum anthelmintic'.

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*Date received: 7 December 1971.*
METHOD

A group of 21 African adults infected with *T. deminutus* and diagnosed by the method recommended by Goldsmid, was treated with a total dose of 50 mg/kg of thiabendazole administered in 2 doses of 25 mg/kg in the evening and the following morning.

All stool specimens were collected for 48 hours after treatment and examined after sieving for adult worms. The treated subjects were then re-examined 7 - 10 days after treatment, and stool specimens were examined by water centrifugation and NaCl flotation to assess cure. Egg counts to estimate the percentage of egg reduction, where eggs were still recovered, were performed by the Stoll dilution egg-counting technique as outlined by Burrows.

RESULTS

The results of the treatment are shown in Table I. A very high cure rate was achieved, as assessed by failure to detect any eggs after treatment.

**TABLE I. RESULTS OF TREATMENT WITH 50 mg/kg OF THIABENDAZOLE IN DIVIDED DOSES OF 25 mg/kg**

<table>
<thead>
<tr>
<th>Cured (100% egg reduction)</th>
<th>Not cured</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of subjects</td>
<td>21</td>
</tr>
<tr>
<td>(90.5%)</td>
<td></td>
</tr>
</tbody>
</table>

In the 2 subjects from whom eggs could still be recovered, the mean egg reduction as assessed by the Stoll method was 50%.

Long-term follow-ups were not possible in all 21 subjects, but in 6 cases such investigations were carried out as shown in Table II. Again, all stool examinations were by water centrifugation and NaCl flotation.

DISCUSSION

Until the paper by Goldsmid was published, reporting on the efficacy of bephenium hydroxynaphthoate in the treatment of human infections with *Ternidens deminutus*, no consistently effective treatment was available for this infection; most of the previously available anthelmintics such as the hydrocarbons, having proved to be relatively ineffective. The present report, therefore, on the efficacy of thiabendazole in the treatment of infections with this species, is of considerable interest.

A number of points are worth noting. The lack of success during the present investigation in recovering *T. deminutus* adults after treatment, caused some concern in the light of the statement by Cuckler and Mezey, that 'thiabendazole has a marked effect on egg production of worms not expelled by the anthelmintic'. It was feared that perhaps, although egg production ceased, the adult worms were not killed. Failure, however, of 5 out of 6 subjects followed up for a long time, to recommence egg-passing, made this seem unlikely. The patient who did recommence egg-passing 4 weeks after treatment, was probably reinfected.

Although thiabendazole is highly effective, however, it does cause unpleasant side-effects such as dizziness, nausea and vomiting, in a large proportion of cases, and for this reason, Desowitz feels that 'it probably will not become the drug of choice for many intestinal helminthiasis when less toxic anthelmintics are available'. In the light of these facts, bephenium hydroxynaphthoate, with its high degree of efficacy and relative absence of serious side-effects, will probably remain the drug of choice for the treatment of *T. deminutus* infections in man.

REFERENCES