long chronic diarrhoea may be due to *Campylobacter jejuni*: we were unable to determine any other aetiology and the patient responded to selective treatment for *Campylobacter* and never relapsed. *Campylobacter* enteritis is usually a self-limiting illness. Symptoms resolve in less than 10 days, even without antibiotic therapy. Sometimes one needs two or three weeks to be cured. We have found only seven well documented cases in which the duration of diarrhoea exceeded 3 weeks from 2 months to 20 months.¹⁻⁵ In our patient the duration was 17 years. It is the longest chronic diarrhoea due to *Campylobacter jejuni* that we know about.

Ph. Paulet

M. Coffernils

Department of Gastro-Enterology,
University of Brussels,
Etterbeek Hospital,
2, Square Dr J. Joly,
1040 Brussels,
Belgium.

References

1. Richardson, N.J., Koornhof, H.J. & Bokkenheuser, V.D. Long-term infections with *Campylobacter fetus* subsp. *jejuni*. *J Clin Biol* 1981, **13**: 846-849.
2. Ponka, A., Tilvis, R. & Kosunen, T.U. Prolonged *Campylobacter* gastro-enteritis in a patient with hypogammaglobulinaemia. *Acta Med Scand* 1983, **213**: 159-160.
3. Jones, C.C. & Pugsley, S.O. Persistent excretion of *Campylobacter fetus* subsp. *jejuni*. *Can Med Assoc J* 1981, **125**: 247.
4. Smalley, J.R., Klish, W.J., Brown, M.R. & Campbell, M.A. Chronic diarrhoea associated with *Campylobacter*. *Clin Pediatr* 1982, **21**: 220.
5. Berezin, S. & Newman, L.J. Prolonged mild diarrhoea caused by *Campylobacter*. *NY State J Med* 1986, **29**.

Mixed enteric infection

Sir,

Between 1977 and 1980, 25,791 cases of *Helicobacter* (previously *Campylobacter*) *jejuni* were reported to the Communicable Diseases Surveillance Centre.¹ Of these 1.8% were multiple infections, and 3% were acquired

overseas. We present a case of mixed enteric infection acquired abroad.

A 35 year old nurse had *H. jejuni* and *Shigella sonnei* isolated from her stool 10 days after returning from Egypt with diarrhoea. She initially settled having taken ciprofloxacin 750 mg twice daily for one week, but presented to us 3 weeks later with rigors and night sweats. *Salmonella paratyphi* A phage type 1 was isolated from blood culture. This phage type of this organism is usually associated with the Indian subcontinent, and is only found in the United Kingdom as an imported infection. Her symptoms settled completely after a further 10-day course of ciprofloxacin. She remains well.

It is interesting that in spite of the initial course of ciprofloxacin, and the in-date TAB immunisation, the patient went on to develop enteric fever. Presumably, the antibiotic was unable to penetrate to adequate levels to the site where the organism was located, perhaps in the reticulo-endothelial system; or its micro-environment was anaerobic, when the antibiotic would be non-active.

S. typhi and *Helicobacter* double infection has been reported,² as has multiple organism infection in children in Ecuador.³ This woman presented with multiple organism infection including *Helicobacter* acquired overseas.

I.E. Hamer,

Department of Metabolic Medicine,
Guys Hospital,
London, SE1 9RT, UK.

S.A. Olczak,

D. Parkin.

Pilgrim Hospital, Sibsey Road,
Boston, Lincs,
PE21, 9QS

References

1. PHLS, Communicable Disease Surveillance Centre. *Campylobacter* infections. *Br Med J* 1981, **282**: 1482.
2. Eustatia, J.M., Rojer, R. & Lijde, E. A case of double infection with *Salmonella typhi* and *Campylobacter fetus* subspecies *jejuni*. *Trop Geogr Med* 1983, **35**: 189-191.
3. Guderian, R.H., Ordonez, G. & Bossano, R. Acute diarrhoea associated with *Campylobacter* and other pathogens in Quito, Ecuador. *Bol Of Sanit Panam* 1987, **102**: 333-339.