

# SEXUALLY TRANSMITTED DISEASES

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# Preamble

- Venereal diseases

Venus

-Greek

-Goddess of love

-Social condemnation

-Not used nowadays

# DEFINITION

- Intimate contact
- Close body contact
  - Kissing
  - Cunnilingus
  - Analingus
  - Fellatio etc

# TABLE

## Group

## Common

## Less common

Bacteria

- Gonococcus
- Chlamydia
- Gardenella vaginalis

- Haemophilus ducreyi
- Gr. B. streptococci
- Calymmatobacterium granulomatis.

# CT

## Viruses

- Herpes simplex
- Papilloma virus
- HIV

## Spizocheates

- Treponema pallidum

CT

Protozoa

- Trichomonas

- Entomoeba

- Giardia

Parasites

- Pediculosis

- Sarcoptes  
scabiei

CT

Fungi

- Candida
- Tinea

# CHLAMYDIA

- Obligate intracellular organisms
- Infect the cervix
  - Mucopurulent vaginal discharge
  - Hypertrophic inflammation

## Complications

– As those of gonorrhoea

Neonate: + Inclusion conjunctivitis

+ Chlamydial pneumonitis

+ Otitis media



# Treatment

- Tetracycline 500mg QID
- Doxycycline 100mg BID

14days

If TCL / Doxycycline are CI

**Erythromycin 500mg QID**

**PID**

- NG and CT are primary infections
- 30-50% infection co-exist

# Lymphagranuloma venereum

Caused by chlamydia of L - serotypes.

Incubation period is 7 to 21 days.

## Symptoms and signs

- Inguinal lymphadenopathy - discharge sinuses
- Inguinal and rectal ulceration
- Anorectal lymphoedema
- Painful defecation
- Stools may be blood - streaked

# Complications

- Perianal scarring
- Rectal stricture
- Vulvar elephantiasis.

## **Treatment: Chemotherapy:**

for Doxycycline / TCL / Erythromycin  
21 days (Rpt)

## **Surgical**

- Dilatation of stricture
- Abscess aspirated not excised
- Colostomy for severe stricture

# SYPHILIS

Organism: *Treponema pallidum*

## **Primary syphilis:**

- Painful papule in mucosa 8 - 10days
- After a week chancre solitary, non-tender indurated ulcer
- After 2-3 weeks LN enlarges rubbery, painless, discrete and mobile. Never suppurate
- Spirocheates may be seen on the microscope under dark ground illumination (from lesion ).

## Secondary syphilis:

- Occur 6-8 weeks after primary chancre
- Skin rashes
- Condylomata lata type of lesion - raised plaques
- Painless mucosal ulceration
- Cervical LN enlargement
- Spirocheates in moist areas
- Serological tests are positive

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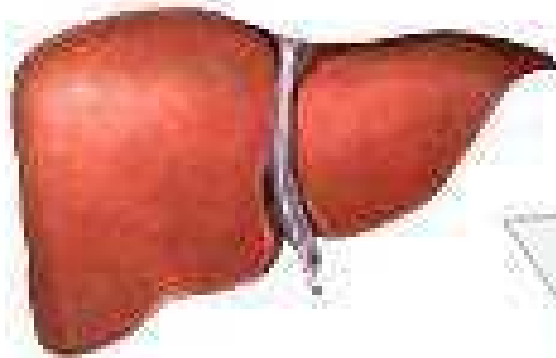
## **Tertiary syphilis:**

years after chancre have healed

- Gumatta formation - firm elastic tumours.
- Neurosyphilis
- Aneurysm of the aorta and large arteries
- Brain

**# Syphilis and pregnancy** - abortion -  
congenital syphilis

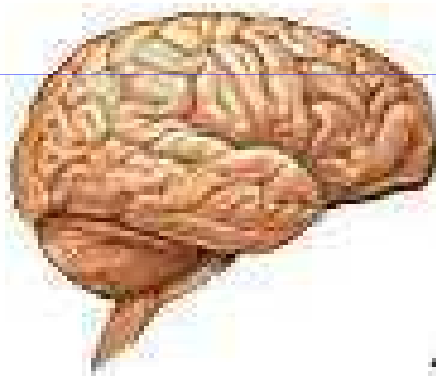
Liver



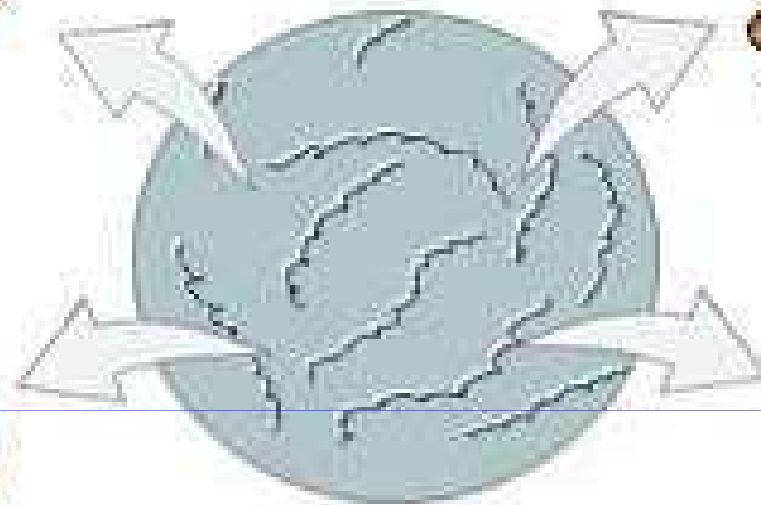
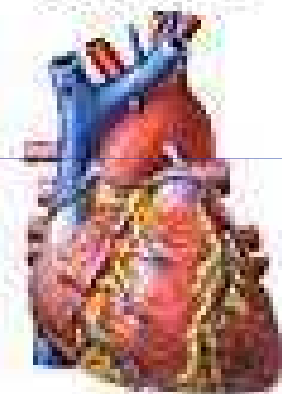
Bone



Brain



Heart



The organisms spread to various organs causing lesions or gummas



## Lab:

VDRL

TPHA

RPR etc

## Treatment

Has NOT exhibit penicillin resistance

Benzyl benzathine penicillin (Penadur) 2-4mu  
weekly 3 doses.

TCL or Erythromycin for 14 days

# TRICHOMONIASIS

Male asymptomatic

Mainly female are affected

## Symptoms

- yellowish froth and offensive vag discharge.  
Irritating
- Dyspareunia
- Reddened erythematous mucosa

**Lab:** Flagellated protozoa

**Rx:** Metronidazole 500mg TDS for 5/7 Tinidazole, secnidazole, ornidazole.

## Ulcerative infective lesions:

- 1- Primary chancre of syphilis
- 2- Eroded papules or condylomata lata of secondary syphilis
- 3- Gummatous ulcers of tertiary syphilis
- 4- Chancroidal ulcers
- 5- Lymphogranuloma venereum
- 6- Granuloma Inguinale
- 7- Herpes genitatis
- 8- Scabies

## DDx:

- Malignant Neoplasms
- Squamous cell Ca of vulva
- Erosive vulvitis
- Herpes Zoster ( Shingles )
- Behcet's syndrome

# Identifying the syndromes

Syndrome	Symptoms	Signs	Most common causes
Vaginal discharge	Unusual vaginal discharge Vaginal itching Dysuria (pain on urination) Dyspareunia (pain during sexual intercourse)	Abnormal vaginal discharge	VAGINITIS: – Trichomoniasis – Candidiasis CERVICITIS: – Gonorrhoea – Chlamydia
Urethral discharge	Urethral discharge Dysuria Frequent urination	Urethral discharge (if necessary ask patient to milk urethra)	Gonorrhoea Chlamydia
Genital ulcer	Genital sore	Genital ulcer	Syphilis Chancroid Genital herpes
Lower abdominal pain	Lower abdominal pain Dyspareunia	Vaginal discharge Lower abdominal tenderness on palpation Temperature >38°	Gonorrhoea Chlamydia Mixed anaerobes
Scrotal swelling	Scrotal pain and swelling	Scrotal swelling	Gonorrhoea Chlamydia
Inguinal bubo	Painful enlarged inguinal lymph nodes	Enlarged inguinal lymph nodes Fluctuation Abscesses or fistulae	LGV Chancroid
Neonatal conjunctivitis	Swollen eyelids Discharge Baby cannot open eyes	Oedema of the eyelids Purulent discharge	Gonorrhoea Chlamydia

# Responding to criticisms of the syndromic approach

- *The syndromic approach is not scientific.*
- *This case management approach has been used and adapted in more than 20 countries throughout the world.*

- Validation studies have compared syndromic and laboratory diagnosis to assess the accuracy of syndromic diagnosis and found their results to be similar, so syndromic diagnosis is accurate
- with limitations relating to only one of the syndromes, vaginal discharge,

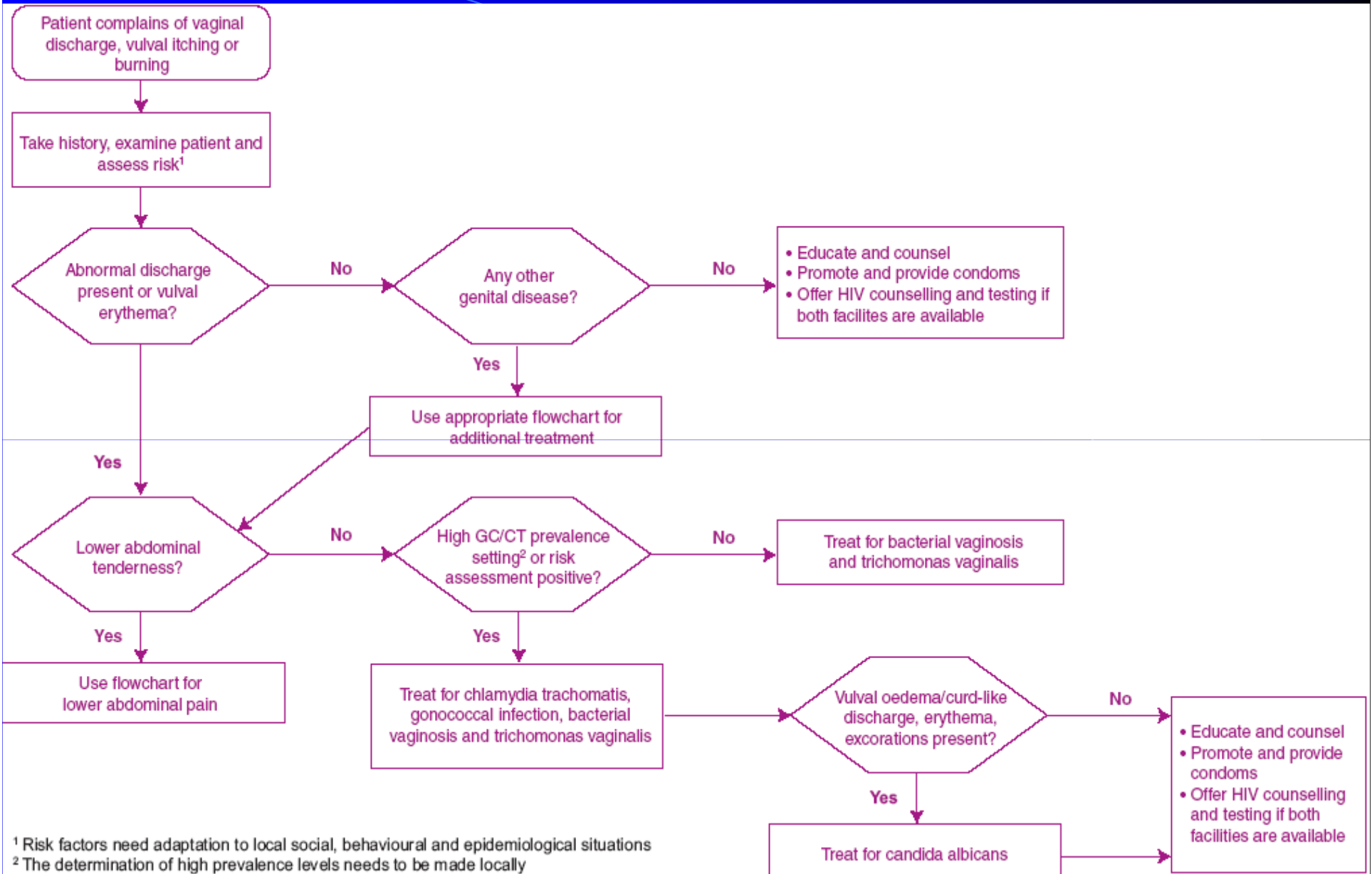
# A trial in 1995; Mwanza region

- This trial aimed to learn what impact STI case management and treatment-seeking behaviour would have on HIV transmission and STIs

findings:

- a reduction of 50% in the prevalence of symptomatic urethritis in men;
- a significant reduction in the prevalence of serological syphilis;
- a 38% reduction in HIV incidence





# Syndromic case management

- The key features of syndromic case management are that it:
- is problem-oriented (it responds to the patient's symptoms);
- is highly sensitive and does not miss mixed infections;
- treats the patient at the *first* visit;

# CT

- makes STI care more accessible as it can be implemented at primary health-care level;
- uses flowcharts that guide the health worker through logical steps;
- provides opportunity and time for education and counselling

# GONORRHOEA

- Neisseria gonorrhoea  
Gram negative/Kidney shaped/Pairs
- Invades the glandular and mucosal area
  - Endocervix                      - Urethra
  - Bartholins gland and duct
  - Rectum

Incubation period 2 to 7 days

## Symptoms and signs

The female may harbour infection and transmit it without symptoms (60 to 80%)

Purulent yellowish discharge from vagina

Urethral discharge

Urethral discomfort

Bartholin's infection

Infection may spread upwards

# Treatment

Resistant

- Penicillin with Probenecid
- Ampicillin
- Amoxycillin

- Spectinomycin 2gm IM stat
- Ceftriaxone 1gm IM stat

# Complications

- Bartholin's abscess
- Gonococcal arthritis
- Ophthalmia neonatorum
- PID and its sequelae
  - Tubo ovarian abscess
  - Pelvic abscess
  - Ectopic pregnancy

## Complication ct

- Generalized peritonitis
- Secondary dysmenorrhoea
- Adrenal destruction - infertility
- Adhesions
  - intestinal obstruction
  - Infertility



# CHANCROID (soft chancre)

Haemophilus ducrey

Incubation period 3 – 5 days.

- Symptoms :**
- Painful genital ulcer
    - Discharge smelling and contagious
    - Painful inguinal adenitis

**Lab:** culture of aspirates.

## **Treatment :**

### **Local - sitz bath**

- wash with soap and water
- aspiration of nodes

### **Antibiotics - Ceftriaxone 1gm stat.**

- Co-trimoxazole 960mg BID for  
10/7

# GRANULOMA INGUINALE (DONOVANOSIS)

**Organism:** Calymmatobacterium granulomatis

**Symptoms:** Genital ulcer with malodour discharge  
LN ulcerates

**Lab:** smear/biopsy - giemsa stained - Donovan bodies

**Treatment:** TCL / Erythromycin / Doxycycline for  
3 weeks

# HERPES GENITALIS

Caused by Herpes simplex virus ( HSV ) II.  
HSV I causes Herpes labialis.

## **Symptoms:**

- Occurs before 7days after exposure
- Painful vesicles
- Virus is shed from the lesions until healing is complete
- Symptoms recur every after 3 – 4 weeks

# Treatment:

Oral Acyclovir 200mg 4hourly for 5 days.

Acyclovir cream 5% apply 4 hourly.

Idoxuridine cream

# PAPILLOMA VIRUS

## HPV

- Over 30 types.
- Type 6, 11, 16, and 18 cause genital warts
- Type 16 and 18 more associates with cervical cancer
- Incubation period 3 months
- Present as multiple pedunculated tumours in clusters involves vulval and vaginal areas. During pregnancy increases in size.

## Treatment:

### Small warts

- Podophyllin 10 - 25 % (wash after 4 - 6 hours )

### Large warts:

- surgical excision with
  - Diathermy
  - Cryotherapy
  - Laser therapy.