

Cause of Increase in STD's

- | | |
|---|---|
| > Resistance to antibiotics | > Promiscuity |
| > New, emerging diseases - mainly viral | > "it won't happen to me" attitudes |
| > Multiple sexual partners | > Many are polymicrobial |
| > Migrant labour and travel | > Mostly poor ethnic minority groups affected |

Chlamydia trachomatis:

Serotypes D-K

World-wide distribution

Associated with eye infections

Restricted to columnar and transitional epithelial cells

Lymphogranuloma verereum/ inguinale:

- > Serotypes L1,L2,L3
- > Restricted to Africa, Central and South America, Caribbean and S-East Asia
- > Systemically spread

Chlamydia Infection:

Symptoms: Prevention:

- | | |
|--|---|
| Painless sores in the mouth | Use condom or barrier when performing oral sex on penis |
| Lesions similar to cold sores around the mouth | Use dental dam or cut open a condom top to make a square the use it as a barrier between the vagina or anus and mouth |

Tonsillitis

Redness with white spots resembling strep throat

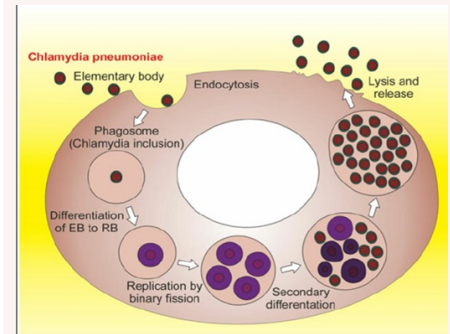
Scratchy dry throat

Treatment: doxycycline, erythromycin

Laboratory Diagnosis:

- > Throat swab
- > Serology unreliable
- > Growth in cell cultures
- > Specimen suspended in fluid
- > Centrifuged onto monolayer of tissue culture cells pretreated with cycloheximide
- > Contains glycogen so stain with iodine
- > ELISA

Chlamydia trachomatis



Gonorrhoea

Neisseria gonorrhoea

Symptoms:

- > Changing sexual practice and oral sex predisposes the sex partners with involvement of oropharyngeal regions

- Pharyngitis

- 50% asymptomatic

Prevention:

Contact tracing

Follow-ups



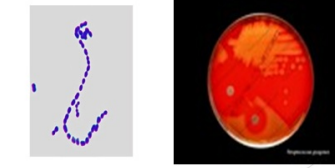
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S.pyogenes tonsillitis

- Gram+ cocci
- Bacitracin sensitive



- Natural reservoir: humans
- Asymptomatic carriers rarely found
- Clinical syndromes: tonsillitis and pharyngitis
- Common in school children and adolescents
- Less frequent in adults

Scarlet Fever:

- > Combination of strep sore throat and erythema
- > Due to erythrogenic toxin coded for by a lysogenic phage
- > Rash begins in the face and spreads to most of the body except palms and soles
- > Rash fades after 1 wk followed by extensive desquamation
- > Symptoms: headache, chills and muscle ache

Syphilis:

- Transmitted sexually or congenitally
- Occurs worldwide, no season
- Causative organism: Treponema pallidum
- Treatment: penicillin, tetracycline, doxycycline

Syphilis:

Primary:	Secondary:	Tertiary:
- Lips, buccal mucosa, tongue & tonsils	- Most infectious	- Gummas (bone, skin, tissues) Neurosyphilis, cardiovascular syphilis
- Site of inoculation: 3 wk after infection, papule breaks down to form an ulcer (chancre)	- secondary stage= after 6-8wks & lasts 2-10wks	- May develop after asymptomatic period of a few years to decades

Syphilis: (cont)

- Oral chancre: painless ulcer w/ smooth surface, raised borders & indurated margin
- Clinical features = Malaise, low grade fever, headache, lacrimation, sore throat, weight loss, myalgia, arthralgia & generalized lymphadenopathy
- Non tender cervical lymphadenopathy
- Spontaneous healing

Gummas:

- Develops in 15% of untreated cases within 1-10 years after infection
- Highly destructive tertiary syphilis lesions that usually occur in skin and bones but may also occur in other tissues
- Slowly progressive, painless, dull red nodule or plaque
- Breakdown into ulcer with wash-leather floor
- Regional Ln are enlarged
- Not infectious



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Congenital Syphilis:

- Acquired in 1st trimester
- Silent infection - not apparent till after about 2 years
- Teeth and bone malformation (mulberry teeth)
- Fatal for foetus
- IgM Ab in infants
- Retested after 6 months
- Elevated levels remain

Laboratory Diagnosis:

Dark field or phase contrast microscopy

Serology:

> Non-specific tests:

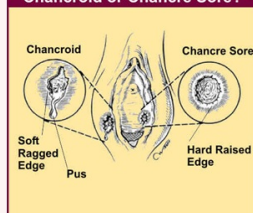
- venereal disease research laboratory (VDRL)
- rapid plasma reagin test (RPR)
- positive 4-6wk after infection (1-2wks post primary chancre)

> Specific Tests:

- treponemal Ab test (TAT)
- fluorescent treponemal Ab absorption (FTA-ABS)
- microhaemagglutination assay (MHA-TP)
- positive in pt w/late syphilis

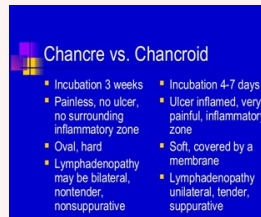
Chancroid (soft chancre):

Chancroid or Chancre Sore?



- > Caused by *Haemophilus ducreyi*
- > Symptoms appear 3-5 days after contact
- > Painful irregularly shaped soft ulcers
- > May be confused with genital herpes but usually larger and more ragged
- > Self-limiting, easily cured
- > Does not affect distant organs
- > Common in Africa and Asia

Chancre vs. Chancroid:



Lab Diagnosis:

- school fish appearance
- cultured on GC agar w/ 1-2% haemaglobin, 5% foetal-bovine serum, 10% vancomycin @ 33 degrees Centigrade
- in 5-10% Carbon dioxide

Treatment:

- > Azithromycin
- > Ceftriaxone
- > Erythromycin
- > Ciprofloxacin

Cheilitis:

Corners of the mouth

Malnutrition

Medications

Infections: *Candida* or *Staph. aureus*

Impetigo:

Common in children and adults involved in contact sport

Appears as red spots which mature into blisters

Blisters burst yielding a clear fluid and develop a yellow-brown crust

Accompanied by itching

Generally appears around nose and mouth (can occur anywhere)

Associated w/ insect bites, cuts or abrasions

Impetigo: (cont)

Staphylococcus aureus (80% *Streptococcus pyogenes* (20%))

Staphylococcus Infections:

Treatment

- > mild cases heal on their own w/good hygiene
- > Carbuncles: incision and drainage
- > Dicloxacillin, cephalexin
- > MRSA-trimethoprim-sulfamethoxazole, clindamycin

Corynebacterium diphtheriae:

Gram + bacillus

non-motile, anerobe

Usually affects children and adolescents

Transmitted by droplets

3 Biotypes: 1. *C. gravis*, 2. *C. mitis*, 3. *C. intermedium*

Lab diagnosis: Elek agar (immunodefusion), Tellurite, Blood agar

Albert's Stain = Metachromatic granules

Gram Stain = Chinese lettering