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
Tonsilitis	
Redness with white spots resembling strep throat	

Chlamydia Infection: (cont)

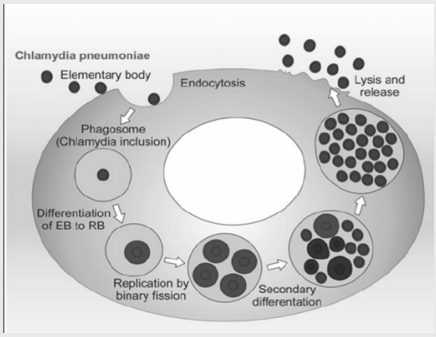
Scratchy dry throat

Treatment: doxycycline, erthomycin

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

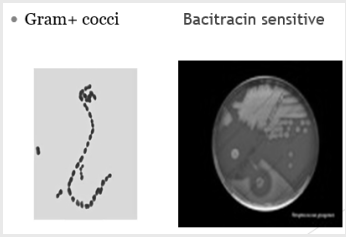
Neisseria gonorrhoea	**Symptoms:**
> Changing sexual practice and oral sex predisposes the sex partners with involvement of oropharengeal regions	- Pharyngitis
	- 50% asymptomatic

Prevention:

Contact tracing

Follow-ups

S.pyogenes tonsillitis



- 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 erythogenic 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

Syphillis:

Primary:	**Secondary:**	**Tertiary:**
- Lips, buccal mucosa, tongue & tonsils	- Most infectious	- Gummas (bone,skin, tissues) Neurosyphyllis, cardiovascular syphillis

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Syphillis: (cont)

- 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

- **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 syphillis 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

Congenital Syphillis:

- 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:**

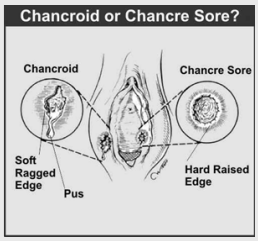
-treponemal Ab test (TAT)

-fluorescent treponemal Ab absorption (FTA-ABS)

-microhaemagglutination assay (MHA-TP)

-positive in pt w/late syphillis

Chancroid (soft chancre):



> Caused by *Haemophilus ducreyi*

> Symptoms appear 3-5 days after contact

> Painful irregularly shaped soft ulcers

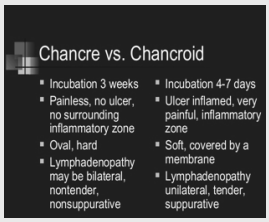
> May be confused with genital herpes but usually larger and more ragged

> 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

>Ciprofloxicin

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

Staphyloccus aures (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 diptheriae:
Gram + bacillus
non-motile, anerobe
Usually affects children and adolescents
Transmitted by droplets
3 Biotypes: 1. *C.gravis* , 2 *C.mitis*, 3 *C. intermedius*
Lab diagnosis: Elek agar (immunodefusion), Tellurite, Blood agar
Albert's Stain = Metachromatic granules Gram Stain = Chinese lettering

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