

Tropical sexually transmitted infections

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Lymphogranuloma venereum Lymphogranuloma venereum is a sexually transmitted disease caused by *C. trachomatis* (chlamydia A) types L1-L3 and is primarily an infection of the lymphatics and lymph nodes. It can affect both sexes. While it was considered rare in resource-rich countries, some recent outbreaks in Europe have occurred, usually in conjunction with HIV. The primary lesion is a fleeting, painless, genital papule or ulcer that develops 1-4 weeks after infection and is often unnoticed by the patient. The inguinal glands become enlarged and painful around 2-6 weeks after the primary lesion. The masses

(c) Gen

to give the 'sign of the groove'. The overlying skin reddens, there may be fluctuance and the mass occasionally ruptures. There may be a proctitis, which can go on to produce a rectal stricture if untreated. Lymphatic obstruction leads to lymph oedema in the perineum and, occasionally, the lower limbs. Urethritis and urethral stricture occur in men. Diagnosis is confirmed clinically and by the detection of antibodies against the organism. Culture, direct immunofluorescence and NAAT can be performed. Treatment is by a combination of antibiotics, which may include doxycycline, azithromycin, erythromycin and ciprofloxacin. The multilocular lymphatic masses should not be incised, although aspiration is permissible to reduce discomfort. **Lymphogranuloma inguinale** This is a chronic and slowly progressive ulcerative tropical disease affecting the genitals and surrounding tissue, but occasionally occurring elsewhere in the body. It is usually sexually transmitted and is caused by *Klebsiella granulomatis* is most commonly seen among socially deprived people. The incubation period varies greatly but is typically between 7 and 30 days. A painless vesicle or indurated papule, usually on the external genitals but occasionally elsewhere on the skin, gradually erodes into a slowly extending ulcer with a beefy-red, granulomatous base. More chronic lesions may become greyish, especially at the edges, where, after months or years, malignant change may develop. The ulcerated area may bleed if touched but is usually surprisingly painless. Without treatment healing is only partial and keloid is common. Diagnosis is by microscopy of material from the edges of the ulcer, which shows the presence of short Gram-negative rods within the cytoplasm of the large mononuclear cells. Treatment is with azithromycin, although doxycycline, erythromycin, trimethoprim-sulfamethoxazole and gentamicin are alternatives. **Chancroid** Chancroid is a sexually transmitted, acute, ulcerative disease caused by *Haemophilus ducreyi*, a Gram-negative facultative anaerobe. Following an incubation period of 3-10 days, a soft painful penile ulcer (Figure 85.27b) appears and is commonly followed by the

development of inguinal lymphadenopathy . Diagnosis is by bacterial culture or PCR techniques.
Antibiotic Theodor Albrecht Edwin Klebs , 1834–1913, Professor of Bacteriology successively at
Prague, Czechoslovakia, Zurich, Switzerland and Rush Medical College, Chicago, IL, USA. therapy .

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