

STDs Ulcers			
	Organism	Description	Management
<b>Syphilis (Chancre)</b>	<p><b>Treponema Pallidum</b></p> <p><u>IP:</u> 9-90 days</p>	<p><b>Genital ulcer :</b></p> <ul style="list-style-type: none"> <li>• <b>Button-like papule</b> that develops into → a painless <b>erosion</b> and then → <b>ulcerates</b> with raised border &amp; scanty serous exudate. <i>Surface may be crusted.</i></li> <li>- <b>Site:</b> genital (95%) &amp; extragenital (5%)</li> <li>- <b>Shape:</b> rounded or oval , regular &amp; well-defined.</li> <li>- <b>Surface:</b> dull red, clean , oozing (scanty serous exud.)</li> <li>- <b>Edge:</b> sloping</li> <li>- <b>Base:</b> indurated.</li> <li>- <b>Palpation:</b> firm</li> <li>- <b>Number :</b> <ul style="list-style-type: none"> <li>- single ( common ) ;</li> <li>- few multiple, or kissing lesions ( less commonly)</li> </ul> </li> <li>- <b>Pain:</b> Painless (unless superinfected with S.aureus)</li> </ul> <p><b>Regional LNs :</b> <b>Regional lymphadenopathy</b> appears <u>within 7 days</u>. Nodes are :</p> <ul style="list-style-type: none"> <li>- Discrete,</li> <li>- Firm, rubbery,</li> <li>- Non-tender,</li> <li>- Unilateral (more commonly).</li> </ul>	<p><u>Not Allergic to penicillin:</u> <b>Penicillin G Benzathine</b> (Single dose of 2.4 million units , IM )</p> <p><u>In Allergy to Penicillin :</u> <b>Doxycycline</b> (100 mg, PO , twice a day / for 2 W. )</p>
<b>Chancroid (Soft Chancre)</b>	<p><b>Hemophilus Ducreyi</b></p> <p><u>IP:</u> 4-7 days</p>	<p><b>Genital ulcer :</b></p> <ul style="list-style-type: none"> <li>• <b>Tender papule</b> with <b>erythematous halo</b> that evolves to → <b>pustule</b> → <b>erosion</b>, → <b>ulcer</b>.</li> <li>- <b>Site:</b> genital &amp; extragenital.</li> <li>- <b>Shape:</b> oval , well-defined.</li> <li>- <b>Surface:</b> Floor: covered with gray to yellow exudate.</li> <li>- <b>Edge:</b> Undermined.</li> <li>- <b>Base:</b> It is friable with granulation tissue <small>(not indurated)</small>.</li> <li>- <b>Margin:</b> surrounded by erythematous halo.</li> <li>- <b>Palpation:</b> Soft</li> <li>- <b>Number:</b> <ul style="list-style-type: none"> <li>- Multiple (common), <i>merging to form large or giant ulcers (&gt;2 cm) with serpiginous shape.</i></li> <li>- Singular.</li> </ul> </li> <li>- <b>Pain:</b> Painful.</li> </ul> <p><b>Regional LNs :</b> The genital ulcer is followed by : <b>Painful inguinal lymphadenitis</b> appears <u>7–21 days</u> after primary lesion :</p> <ul style="list-style-type: none"> <li>- matted</li> <li>- Firm at first</li> <li>- Tender</li> <li>- Unilateral (more commonly)</li> <li>- Adherent to the overlying skin which is red, hot , edematous &amp; tender.</li> </ul>	<p><b>Azithromycin</b> ( 1 g , PO , single dose )</p> <p><b>Ceftriaxone</b> ( 250 mg , IM , single dose )</p> <p><b>Ciprofloxacin</b> ( 500 mg, PO , twice for 3 D )</p>
<b>Granuloma inguinale</b>	<p><b>Calymmatobacterium granulomatis</b></p> <p><u>IP:</u> 2-6 weeks</p>	<p><b>Genital ulcer :</b></p> <ul style="list-style-type: none"> <li>- Painless, granulating , progressive, ulcerative lesions of the genital &amp; perianal areas.</li> <li>- Highly vascular (i.e., a beefy red appearance) and bleed easily on contact.</li> <li>- Spreads by : <ul style="list-style-type: none"> <li>• direct extension or</li> <li>• autoinoculation of approximated skin surfaces</li> </ul> </li> </ul> <p><b>Regional LNs :</b></p> <ul style="list-style-type: none"> <li>- <b>No</b> regional lymphadenopathy.</li> <li>- Large subcutaneous nodule may mimic a lymph node, i.e., <b>pseudobubo</b> .</li> </ul>	<p><b>Trimethoprim-Sulfamethoxazole</b> ( one double-strength tablet twice)</p> <p><b>Doxycycline</b> (100 mg, PO , twice a day)</p> <p><b>BOTH for 3 weeks</b></p>

<p><b>Lymphogranuloma Venerum</b></p>	<p><b>Invasive chlamydia Trachomatis</b> ( Serotype: L1 , L2 , L3 )</p> <p><b>IP :</b> 1ry stage: 3- 12 days 2ry stage: 10 – 30 days</p>	<p><b>Genital ulcer :</b> <b>Transient primary genital ulcer:</b></p> <ul style="list-style-type: none"> <li>- Small , painless, papule/or vesicle → which breaks into non-indurated ulcer</li> <li>- Single , or grouped small ulcers (herpetiform)</li> <li>- Heals within few days</li> </ul> <p><b>In heterosexual Males</b></p> <ul style="list-style-type: none"> <li>- Cordlike lymphangitis of dorsal penis may follow.</li> <li>- Lymphangial abscess (bubonulus) may rupture, resulting in →sinuses and fistulas of urethra and deforming scars of penis.</li> </ul> <p><b>Females</b> Cervicitis, perimetritis, salpingitis may occur.</p> <p><b>Receptive Anal Intercourse (Women or men) :</b> Primary anal rectal infection: hemorrhagic proctitis + with regional lymphadenitis</p> <p><b>Regional LNs :</b> The genital ulcer is followed by :</p> <p><b>Inguinal Syndrome ( Inguinal lymphadenitis ) :</b> <b>Painful inguinal lymphadenopathy</b> appearing <u>2–6</u> W. after presumed exposure.</p> <ul style="list-style-type: none"> <li>• <b>Initially</b>, nodes are discrete,</li> <li>• <b>BUT with progressive periadenitis</b> results in: a matted mass of nodes which become fluctuant &amp; suppurative.</li> <li>• <b>“Groove” sign:</b> Extensive enlargement of inguinal nodes above &amp; below the inguinal ligament (nonspecific)</li> <li>• <b>Overlying skin becomes :</b> Fixed – inflamed – thin - eventually develops multiple draining fistulas.</li> </ul> <ul style="list-style-type: none"> <li>- Usually unilateral</li> <li>- Palpable iliac/femoral nodes often present on same side.</li> </ul>	<p><b>Recommended :</b> <b>Azithromycin</b> ( 1 g , PO , single dose )</p> <p><b>Doxycycline</b> (100 mg, PO , twice/ for 7 days)</p> <p><b>Alternative :</b> <b>Erythromycin base</b> ( 500 mg PO four times/ for 7 days )</p>
<p><b>Genital Herpes</b> ( Herpes Progenitalis )</p>	<p>HSV- 2 , &gt;= 90% of cases HSV-1 , 10% of cases</p> <p><b>IP :</b> 2-20 days</p>	<p><b>Transmission :</b></p> <ul style="list-style-type: none"> <li>• Usually skin-to-skin contact.</li> <li>• Transmission occurs during times of asymptomatic HSV shedding (70%)</li> <li>• Transmission in discordant couples (one partner infected, the other not) (10%).</li> </ul> <p><b>Symptoms :</b> <b>Primary GH</b></p> <ul style="list-style-type: none"> <li>• Asymptomatic ( Most common )</li> <li>• Symptomatic: constitutional symptoms → fever, headache, malaise, myalgia (occurs only in 1ry)</li> <li>• Depending on location, pain, itching, dysuria, lumbar radiculitis, vaginal or urethral discharge are common symptoms.</li> <li>• Deep pelvic pain associated with pelvic lymphadenopathy.</li> </ul> <p><b>Recurrent GH</b></p> <ul style="list-style-type: none"> <li>• <b>Common symptoms:</b> itching, burning, fissure, redness, irritation prior to eruption of vesicles.</li> <li>• Dysuria, sciatica, rectal discomfort.</li> </ul> <p><b>Genital Ulcer :</b> Burning sensation precedes appearance of : Initially, an <b>erythematous plaque</b> is noted ,followed soon by <b>grouped vesicles</b> → may evolve to <b>pustules</b>, →as the overlying epidermis sloughs ,they become <b>eroded</b> →Erosions may enlarge to <b>ulcerations</b>;</p> <p>They heal in <b>2–4 weeks</b>, ( but followed by recurrence)</p> <ul style="list-style-type: none"> <li>- Often with postinflammatory hypo- or hyperpigmentation,</li> <li>- uncommonly with scarring.</li> </ul> <p><b>Regional LNs :</b> <b>Inguinal/femoral lymphadenopathy :</b></p> <ul style="list-style-type: none"> <li>- nodes enlarged,</li> <li>- firm, nonfluctuant,</li> <li>- tender;</li> <li>- usually unilateral.</li> </ul>	<p><b>Oral Acyclovir</b> (400 mg, three times/ for 7–10 days)</p>

## Non-STDs Ulcers

<b>Traumatic ulcer</b>	<ul style="list-style-type: none"><li>- The ulcer appear immediately after the trauma</li><li>- Soft , tender</li></ul>
<b>Fixed drug eruption</b>	<ul style="list-style-type: none"><li>- Recurrent, superficial , soft <b>erosion</b> with surrounding violaceous margin</li><li>- Lymph nodes are not enlarged</li></ul>
<b>Scabies</b>	<ul style="list-style-type: none"><li>- The causative organism is sarcoptes scabii, which could be demonstrated in scrapings the lesion</li><li>- Itching , which is more severe at night</li><li>- Other lesions of scabies present in characteristic sites</li></ul>
<b>Pyogenic ulcer</b>	<ul style="list-style-type: none"><li>- History of pyogenic abscess preceding the ulcer</li><li>- Soft , purulent floor</li></ul>
<b>Malignant ulcer</b>	<ul style="list-style-type: none"><li>- Old age patient</li><li>- Everted edges, hard, friable and bleed easily</li></ul>
<b>Behcet's ulcer</b>	<ul style="list-style-type: none"><li>- Recurrent, multiple , superficial , tender ulcers on the scrotum or genitals</li><li>- The ulcer is accompanied by :<ul style="list-style-type: none"><li>• Aphthous ulcers in mouth and</li><li>• Iritis.</li></ul></li></ul>

