

Sexually Transmitted Diseases

Gonorrhea	<i>bac infexn of epithelia of urethra, cervix, rectum, pharynx, conjunctiva; must be reported to public health system; screening: nonpreg active <24 & Hx STD, preg 1st prenatal visit & 3rd trimester, men who have sex w men 1x/yr</i> S/s: some asymptom., M → incubation 2-14 days, urethritis + penile tenderness/Px, dysuria, purulent discharge (later urg & freq); F → incubation >10 days, dysuria, vag discharge from cervix, PID (10-20%) Dx: gram stain + culture, nucleic acid amplification test (NAAT) Tx: 1 injection of 2 antibiotics, Tx sex partners								
Chlamydia	<i>bac infexn similar to gonorrhea (diff bac), must be reported to public health system, same screening recs as gonorrhea</i> S/s: M → incubation 7-28 days, urethritis, mild dysuria, clr discharge, F → asymtom., vag discharge, dysuria, inc urg & freq, pelvic Px, dyspareunia Dx: NAAT Tx: oral antibiotics, Tx sex partners								
Syphilis	<i>bac infexn 3 sequential stages separated by asymptom periods of time</i> <table border="1"> <tr> <td>Types</td><td></td></tr> <tr> <td>Primary</td><td>incubation 3-4 wks, chancre - pxless, firm base, clr fluid w spirochetes, heals 3-12 wks</td></tr> <tr> <td>Secondary</td><td>spirochete in bldstream, mucocutaneous lesions - rashes/lesions, any part (freq palms & soles), heals in days-months, followed by asymptom latent period that can last years</td></tr> <tr> <td>Tertiary</td><td>up to decades after initial infexn, gummatous syphilis: soft destructive inflam. masses slow to grow & heal, CV: aortic aneurysmal dilation, aortic insufficiency, coronary artery stenosis, Neurosyphilis: H/A, stiff neck, abnormal behavior, poor concentration, memory loss, lassitude, insomnia, blurred vision, dizziness, parenchymatous (destruxn of cortical parenchyma → 40's/50's, dementia, emo instability, delusion of grandeur w lack of insight, tremors)</td></tr> </table> Dx: rapid plasma reagin (RPR), anti-treponemal anitbody tests Tx: penicillin, Tx sex partners	Types		Primary	incubation 3-4 wks, chancre - pxless, firm base, clr fluid w spirochetes, heals 3-12 wks	Secondary	spirochete in bldstream, mucocutaneous lesions - rashes/lesions, any part (freq palms & soles), heals in days-months, followed by asymptom latent period that can last years	Tertiary	up to decades after initial infexn, gummatous syphilis: soft destructive inflam. masses slow to grow & heal, CV: aortic aneurysmal dilation, aortic insufficiency, coronary artery stenosis, Neurosyphilis: H/A, stiff neck, abnormal behavior, poor concentration, memory loss, lassitude, insomnia, blurred vision, dizziness, parenchymatous (destruxn of cortical parenchyma → 40's/50's, dementia, emo instability, delusion of grandeur w lack of insight, tremors)
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Herpes Simplex Virus	<i>HSV-1 & 2 cause oral/genital infexn → mucocutaneous (most common), ocular, CNS infexn, neonatal herpes, transmit via contact w active shedding, initial outbreak the worst, virus remains dormant in nerve ganglia & recurs (not as bad as 1st), healing 1st outbreak: 10-19 days, recurrences: 5-10 days</i> S/s: cluster lesions on mouth/lips, genitals, conjunctiva, prodromal period tingling & itching (<6hrs) Dx: clinical eval, lab confirmation not necessary Tx: topical antivirals, ssx mngmnt								
Human Immunodeficiency Virus	<i>penetrates host T cells → release HIV RNA into cell → produces viral DNA which integrates into host, transmission via blood / semen/ vag secretions / breast milk / wound exudates</i> S/s: flu-like ssx (acute retroviral syndrome) w/in 1-4 wks for 3-14 days, asymptom 2-15 yrs, later dev to AIDS which can lead to opportunistic infexns (ie oral candidiasis), specific CAs (ie Kaposi sarcoma), neurologic dysfxn Dx: ELISA test, Western blot test Tx: antiretroviral drugs (inc life expectancy) Prevention: safe sex practices, needle exchange programs, PrEP								