

TRANSMITTED INFECTIONS.

PART 1: URETHRITIS

ETIOLOGY

GONOCOCCAL AND NON-GONOCOCCAL URETHRITIS:
Chlamydia trachomatis, Ureaplasma urealyticum, Trichomona vaginalis, Mycoplasma genitalium, herpes simple virus, Epstein-Bar virus, adenovirus, Candida spp, Gardenella vaginalis y Staphylococcus spp

STI PREVALENCE (urethritis)

GONOCOCCAL: 20-30%
NON- GONOCOCCAL: 40-50%
U. urealyticum 24%, C. trachomatis 22%, M. genitalium 12%, T. vaginalis 2.5%. Polymicrobial 10%
UNKNOWN MICROBIAL AGENT: 25-30%

RISK FACTORS

- Age < 25 years
- Sexual relations with people with STIs
- Sexual promiscuity
- Previous STI history
- Prostitutes and their clients
- Drug and alcohol use
- Non-use of barrier protection methods
- Sexual violence victims

GONOCOCCAL URETHRITIS

GONORRHEA:

PRESENTATION: incubation 3-5 days
- Purulent urethral discharge
- Dysuria, more common in women
- May associate epididymitis
- Rare, disseminated forms: arthritis, dermatitis, meningitis, and endocarditis

DIAGNOSIS:

- Intracellular Gram-negative diplococci in urethral exudate
- Trayer-Martin medium for gonococcus and study to rule out Chlamydia

TREATMENT:

- Ceftriaxone 250/500mg in a single intramuscular (IM) dose and azithromycin 1/2g orally in a single dose. Notify sexual partners (3-4 weeks before).



NON-GONOCOCCAL URETHRITIS

UREAPLASMA UREALYTICUM:

PRESENTATION:

- 20-25% of non-gonococcal urethritis.
- Vaginitis

DIAGNOSIS:

- PCR: exudate/urine

TREATMENT:

- Azithromycin 1g oral one dose or doxycycline 100mg every 12h/7d, oral.
- 2nd line: erythromycin or fluoroquinolones

TRICHOMONAS VAGINALIS:

PRESENTATION:

- Foul-smelling, yellow-greenish vaginal discharge.
- Usually asymptomatic in males

DIAGNOSIS:

- PCR: exudate/urine
- Culture secretions, urine, semen

TREATMENT:

- Metronidazole 2g in a single dose or oral tinidazole 2g in a single dose

CHLAMYDIA:

PRESENTATION:

- Incubation 2-5 weeks
- Vulvovaginitis/cervicitis women
- Urethritis + orchiepididymitis males
- Clear-mucoid discharge
- Asymptomatic 50%

DIAGNOSIS:

- PCR: Vaginal/cervical exudate. Urine in men.
- Positive leukocyte esterase -> 10 leukocytes per field in urine study.

TREATMENT:

- Azithromycin 1g oral one dose or doxycycline 100mg every 12h/7d, oral.
- Necessary to prevent vertical transmission during childbirth.

MICOPLASMA GENITALIUM:

PRESENTATION:

- Urethral itching, mucopurulent discharge +/- balanitis/ posthitis.
- Women are often asymptomatic. Cervicitis.

DIAGNOSIS:

- PCR or NAAT (nucleic acid amplification): Exudate / secretions
- Culture secretions (very slow)

TREATMENT:

- If sensitive to macrolides: Doxycycline 100 mg/12h for 7 days + azithromycin 1 g followed by 500 mg/24h for 3 days (2.5 g in total)

If resistant to macrolides or not evaluated: Doxycycline 100 mg/12h for 7 days + moxifloxacin 400 mg/24h for 7 days.



Candida nongonococcal urethritis.