

PART 2: GENITAL LESIONS

ETIOLOGY

The most common agents are **human papillomavirus (HPV)**, **herpes simplex virus (HSV)** and **Treponema pallidum (TP)**. Much less common are *Haemophilus ducreyi*, *Klebsiella granulomatis*, and *Chlamydia trachomatis*.

PREVALENCE

Prevalence of genital lesions: 0.13 - 0.56% based on medical reports and between 0.2 - 5.1% based on genital examinations.

GENITAL AND ORAL HERPES:

PRESENTATION: incubation 3-14 days

- Small grouped vesicles on an erythematous base
- Bilateral painful inguinal adenopathies, together with ulcers +/- Fever, myalgia and headache

DIAGNOSIS:

- Clinical diagnosis +/- PCR exudate

TREATMENT:

- Aciclovir 400mg/8h orally, 7-10 days
- Recurrences: aciclovir 200mg 5 times/day, valaciclovir 1g/12h or famciclovir 250mg/8h, 7-10 days



SYPHILIS:

PRESENTATION: incubation 2-12 wks

- Syphilitic chancre
- Glans, foreskin, anus
- Evolution to secondary and tertiary

DIAGNOSIS:

- Darkfield microscopy exudate
- Serologies: treponemal, non-treponemal

TREATMENT:

- Benzathine penicillin G (BPG) IM 2.4 million units single dose: primary form
- Late syphilis: BPG IM 2.4 million units/w, 3 weeks.



LYMPHOGRANULOMA VENERUEUM:

Chlamydia trachomatis

PRESENTATION: incubation 2-12 days

- Almost exclusively males (MSM)*
- Papules, painless ulcers + painful adenopathies +/- suppurative

DIAGNOSIS:

- Clinical suspicion/Serology
- Amplification of nucleic acids from ulcer secretions

TREATMENT:

- Doxycycline 100mg/12h, 21 days or azithromycin 1 g once weekly 21 days



INGUINAL GRANULOMA:

Klebsiella granulomatis

PRESENTATION: incubation 8-80 days

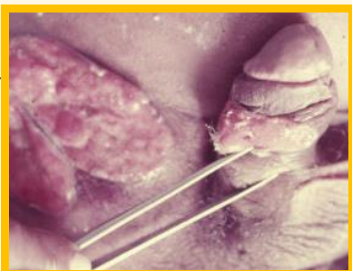
- Painless papules with raised borders
- Evolve into ulcers

DIAGNOSIS:

- Clinical suspicion
- Donovan bodies stained with Giemsa stain

TREATMENT:

- Azithromycin 1 g once weekly or 500 mg daily 21 days or until the lesions heal
- High risk of recurrence 6-18 months



SOFT CHANCER/CHANCROID:

Haemophilus ducreyi

PRESENTATION: incubation 1-14 days

- Soft and painful ulcers with purulent exudate associated with painful unilateral lymphadenopathy which can progress to form a fistula

DIAGNOSIS:

- Culture, PCR, Gram stain

TREATMENT: Ceftriaxone 250mg IM + Azithromycin 1g orally, single dose



HUMAN PAPILLOMAVIRUS:

PRESENTATION: incubation 2-8 months

- 90% remains unnoticed
- Serotypes 6 and 11: warts (condyloma accuminata) painless, exophytic lesions with a coliform appearance; Serotypes 16 and 18: potential malignancy

DIAGNOSIS:

- Clinical suspicion/Biopsy and PCR

TREATMENT:

- Removal of lesions
- There is no antiviral treatment



- CDC. Sexually Transmitted Infections Treatment Guidelines, 2021
 - José Medina-Polo. Enfermedades de transmisión sexual. Tratado de urología de la AEU. ISBN: 978-84-09-16825-5
 - Cunha Ramos M, et al. Genital ulcers caused by sexually transmitted agents. Dermatol. 2022 Sep-Oct

*MSM: Men who have sex with men