

Gonorrhoea

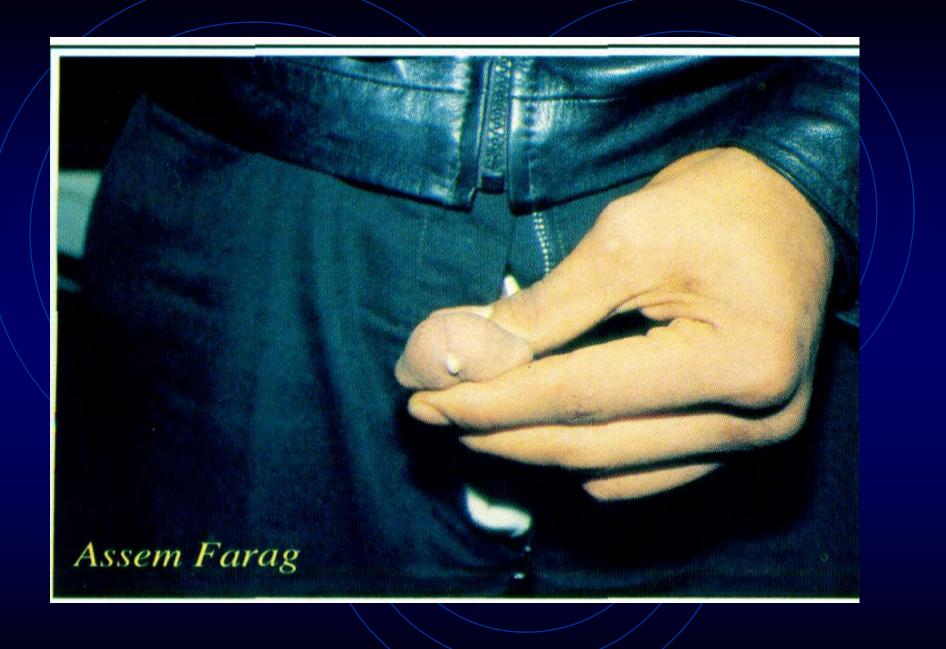
Gonorrhoea is a sexually transmitted disease Etiology: Neisseria Gonorrhoea Incubation period: 2-5 days Modes of transmission: A- Sexual modes (common) * Heterosexual * Homosexual * Orogenital B- Non sexual modes (uncommon) * Neonatal * Childhood

Gonorrhoea in the male

Clinical picture:

- * Urethritis is the most common manifestation:
 - * Profuse, purulent and yellow urethral discharge
 - * Dysuria, urgency and frequency
 - * Red and swollen external urethral meatus
 - * Slight enlargement and tenderness of the superficial inguinal lymph nodes
- * About 5-15 % of patients asymptomless





Local complications of Gonorrhoea in the male:

- * Tysonitis
- * Littritis
- * Cowperitis
- * Periurethral abscess
- * Prostatitis
- * Seminal vesiculitis
- * Epididymitis
- * Urethral stricture

Gonorrhoea in the female

Clinical picture:

- * Asymptomatic in up to 50%
- * Dysuria, frequency and urgency
- * Genital discharge
- * Inflammation and muocpurulent discharge from the urathral meatus and cervix
- * Enlargement and tenderness of the inguinal lymph nodes

Local complications of Gonorrhoea in the female :

- * Periurethral abscess and urethral fistula
- * Skenitis
- * Bartholinits and abscess formation
- * Chronic cervicitis
- * Salpingitis
- * PID
- * Infertility

Gonococcal ophthalmia

- * It occurs within 6 days of birth
- * It occurs due to infection from mother during delivery
- * The eyes rapidly inflamed, with swollen, often edematous lids oozing pus
- * If the condition is severe, it may lead to blindness

Oropharyngeal gonorrhoea

* Symptoms are uncommon
* Mild tonsillitis or pharyngitis
* Results from oro-genital sex

Anorectal gonorrhoea

* In most patients, symptoms are absent

- * Itching, soreness and some anal discharge
- * Results from anal intercourse among homosexuals in men or from the genital discharge

Gonorrhoea in children

Incommon * Common in girls than boys * Gonococcal urethral disease in boys is always the result of sexual activity * Vulvovaginal infection in girls can result from contact of infected towels or lavatory seats, or due to child abuse

Systemic complications of Gonorrhoea

- * Fever and other constitutional symptoms
- * Iridocyclitis
- * Arthirits
- * Perihepatitis
- * Dermatitis
- * Septicemia

Laboratory diagnosis of Gonorrhoea

* Gram stain:

- Gram negative kidney shaped diploccoci
- * Culture:
 - Enriched media e.g. chocalate agar
 - Selective media e.g. Thayer-Martin medium
- * Serologic diagnosis:
 - Complement fixation
 - Immunoflouresence
 - Hemoagglutination

Treatment of Gonorrhoea

1) General measure:

- * Simultaneous treatment and follow up of the partner
- * Avoid sexual activity during the treatment
- * Avoid self-examination and milking of the urethra

Antibiotic treatment: * Single dose of the following: - Ceftriaxone 125mg IM - Cefixime 400mg orally - Ciprofloxacin 500mg - Ofloxacin 400mg orally - Spectinomycin 2gm IM * Amoxycillin 3gm orally + 1gm Probenicid * Doxycycline 100 mg orally twice daily for 7 days

NON GONOCOCCAL URETHRITIS

urethritis

Gonococcal

Non gonococcal

Chlamydia trachomatis (15-40%) Other organismsNSTU1-ureaplasma urealyticum (10-40%)2-trichomonas vaginalis3-yeast4-HS5-bacteria

Def:

Inflammation of the urethra of multiple etiology characterized by scanty urethral discharge.

Etiology:1. Gonococcal U.2. Non gonococcal U

Clinical picture:

- Long incubation period (2-3 ws).
- Acute onset
- Acute symptoms
- Scanty mucoid discharge

Treatment:

 According to the cause
 Doxycycline 100mg twice daily for chlamydia.

