
بسم الله الرحمن الرحيم

**Types of male urethral discharge

*Physiological

-prosemen

-prostatorrhea

*pathological

-gonococcal urethritis

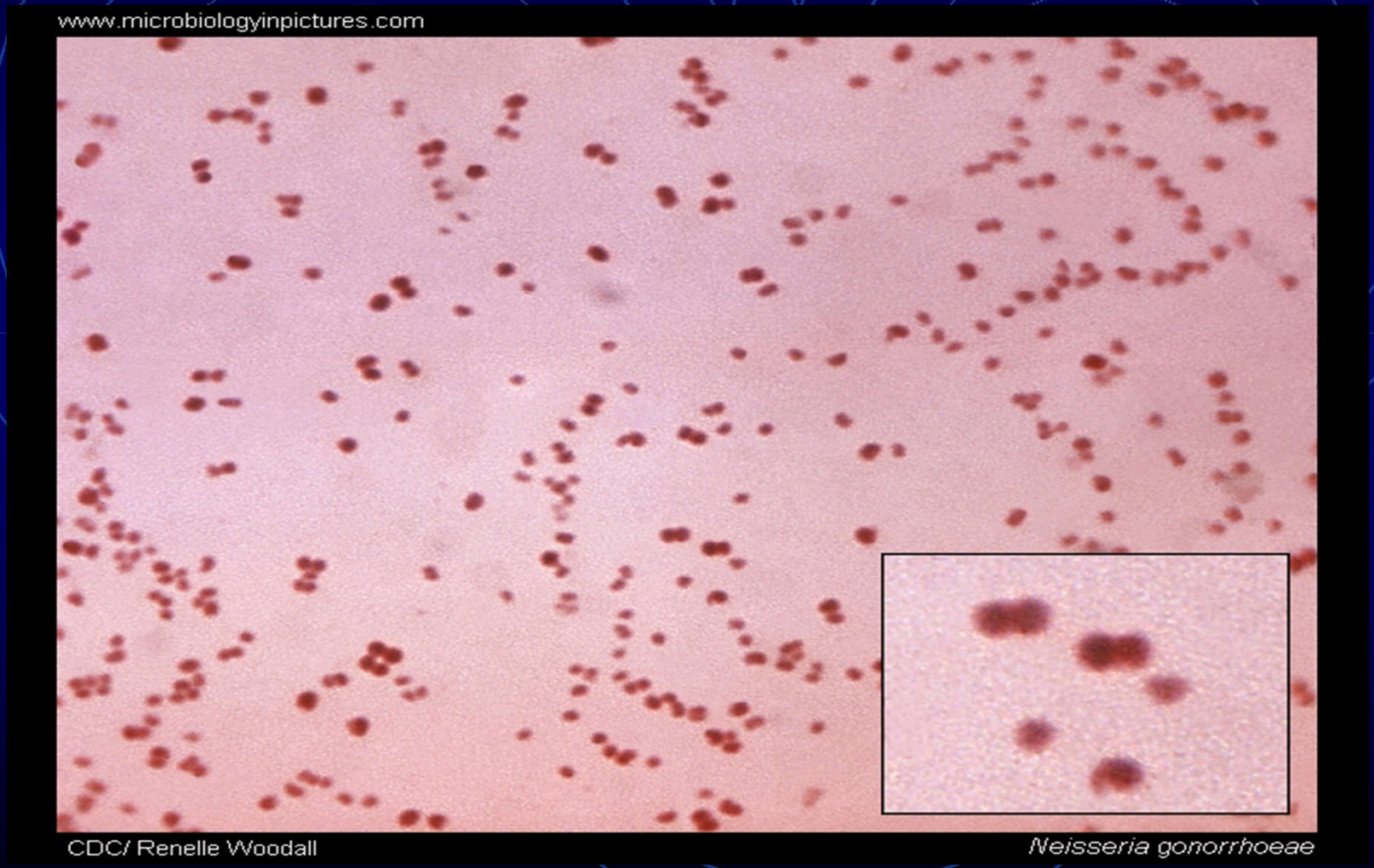
-Non gonococcal urethritis

Gonorrhoea

*Organism
*mode of transmission
*c/p
*complications
*diagnosis
*treatment

Gonorrhoea is a sexually transmitted disease

-Etiology: Neisseria Gonorrhoea



-Modes of transmission:

A- Sexual modes (common)

*Heterosexual

*Homosexual

*Orogenital

B- Non sexual modes (uncommon)

*Neonatal

*Childhood

Gonorrhoea in the male

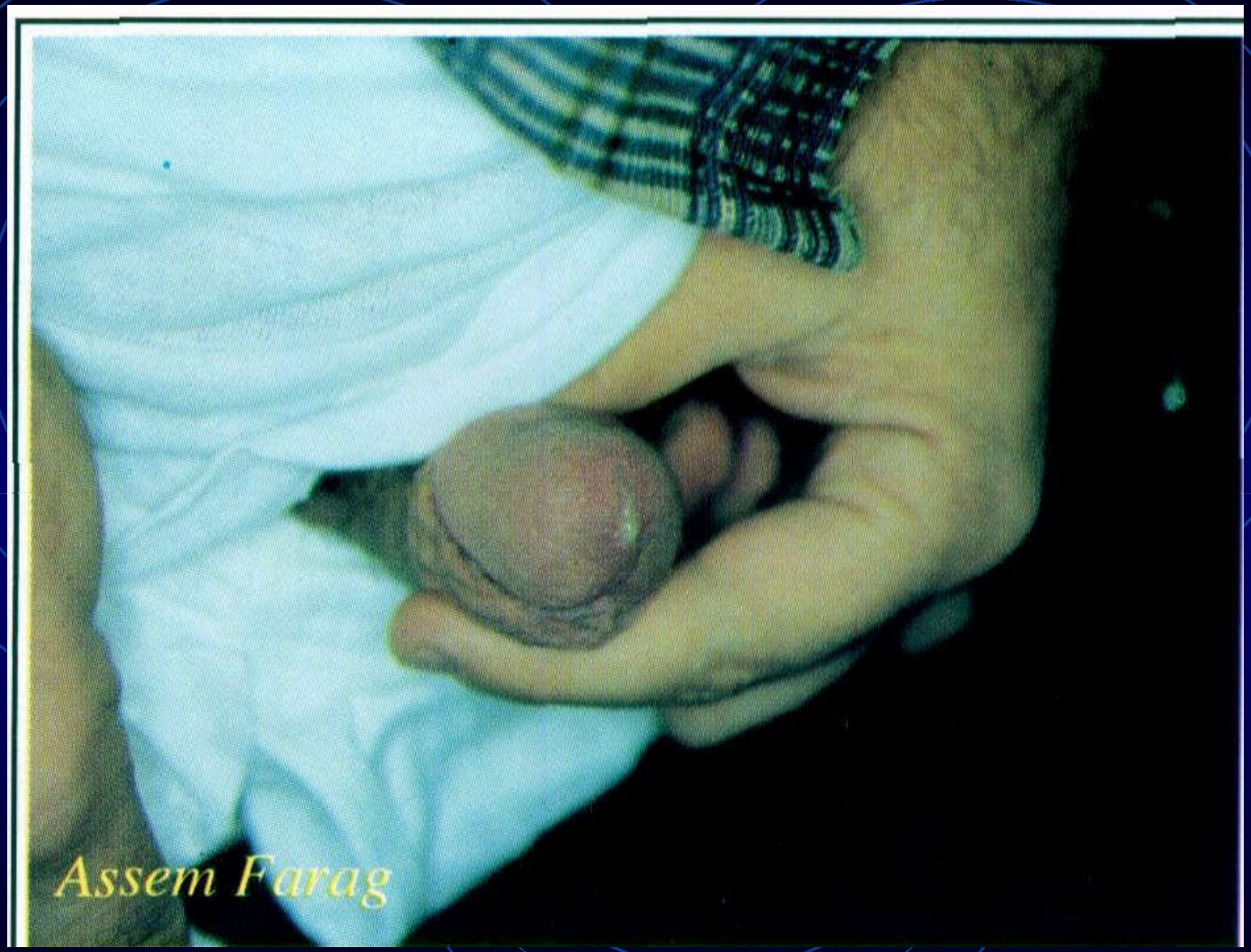
Incubation period: 2-5 days

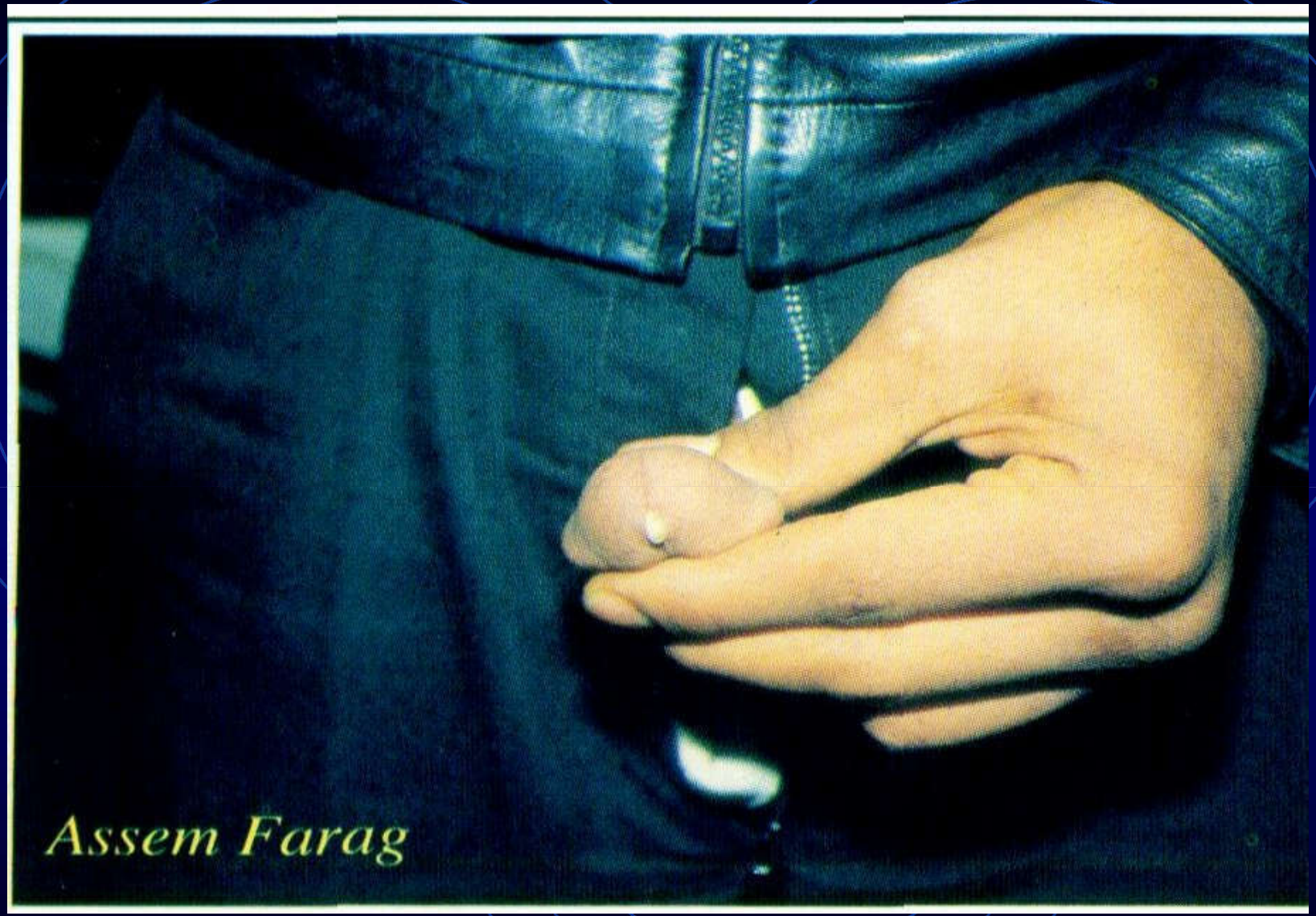
Clinical picture:

*About 5-15 % of patients asymptomless

*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


Assem Farag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Local complications of Gonorrhoea in the male:

*Tysonitis

*Littritis

*Cowperitis

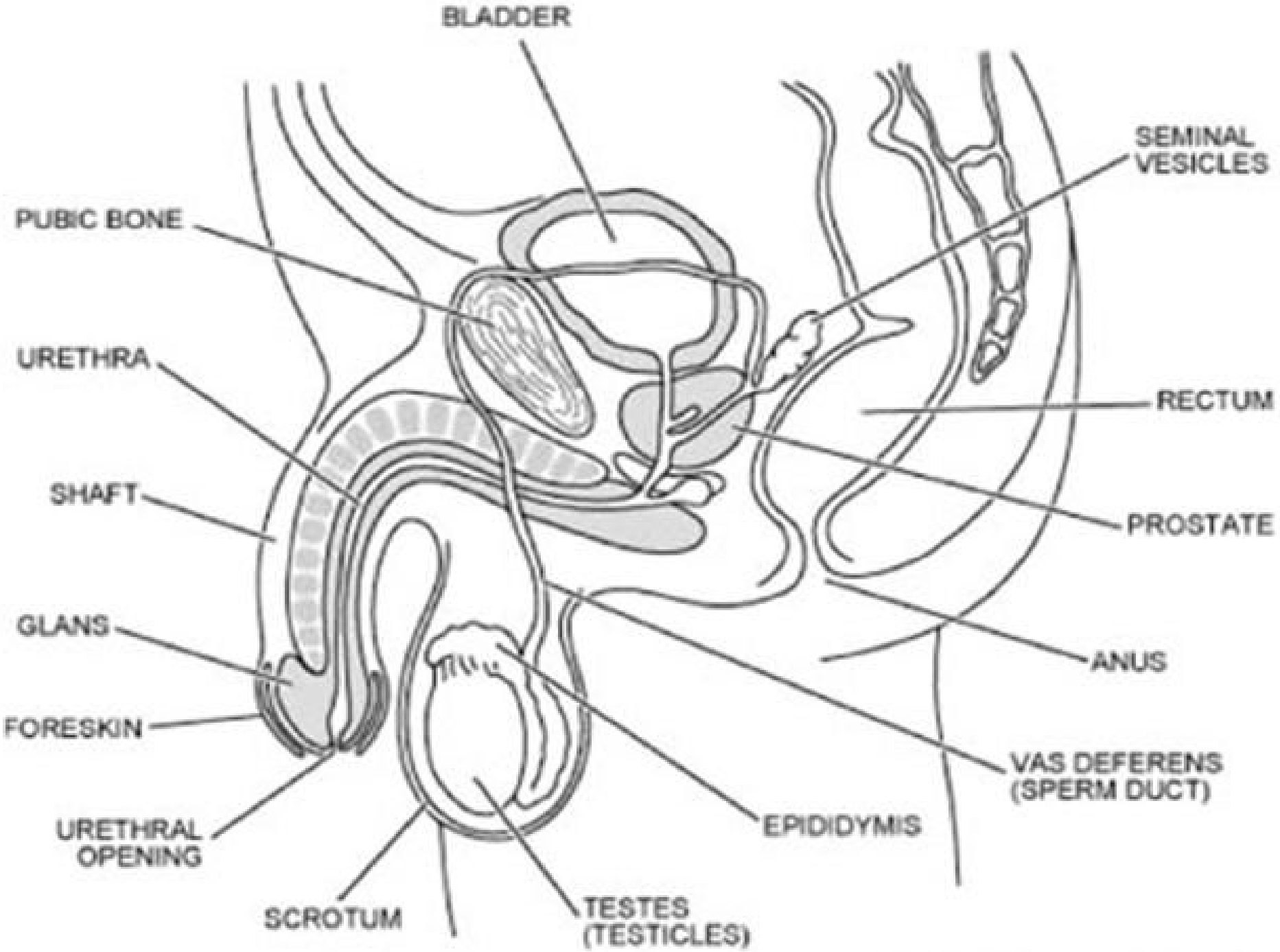
*Periurethral abscess

*Prostatitis

*Seminal vesiculitis

*Epididymitis

*Urethral stricture


BLADDER
SEMINAL VESICLES
PUBIC BONE
URETHRA
RECTUM
SHAFT
PROSTATE
GLANS
ANUS
FORESKIN
VAS DEFERENS (SPERM DUCT)
URETHRAL OPENING
EPIDIDYMIS
SCROTUM
TESTES (TESTICLES)

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

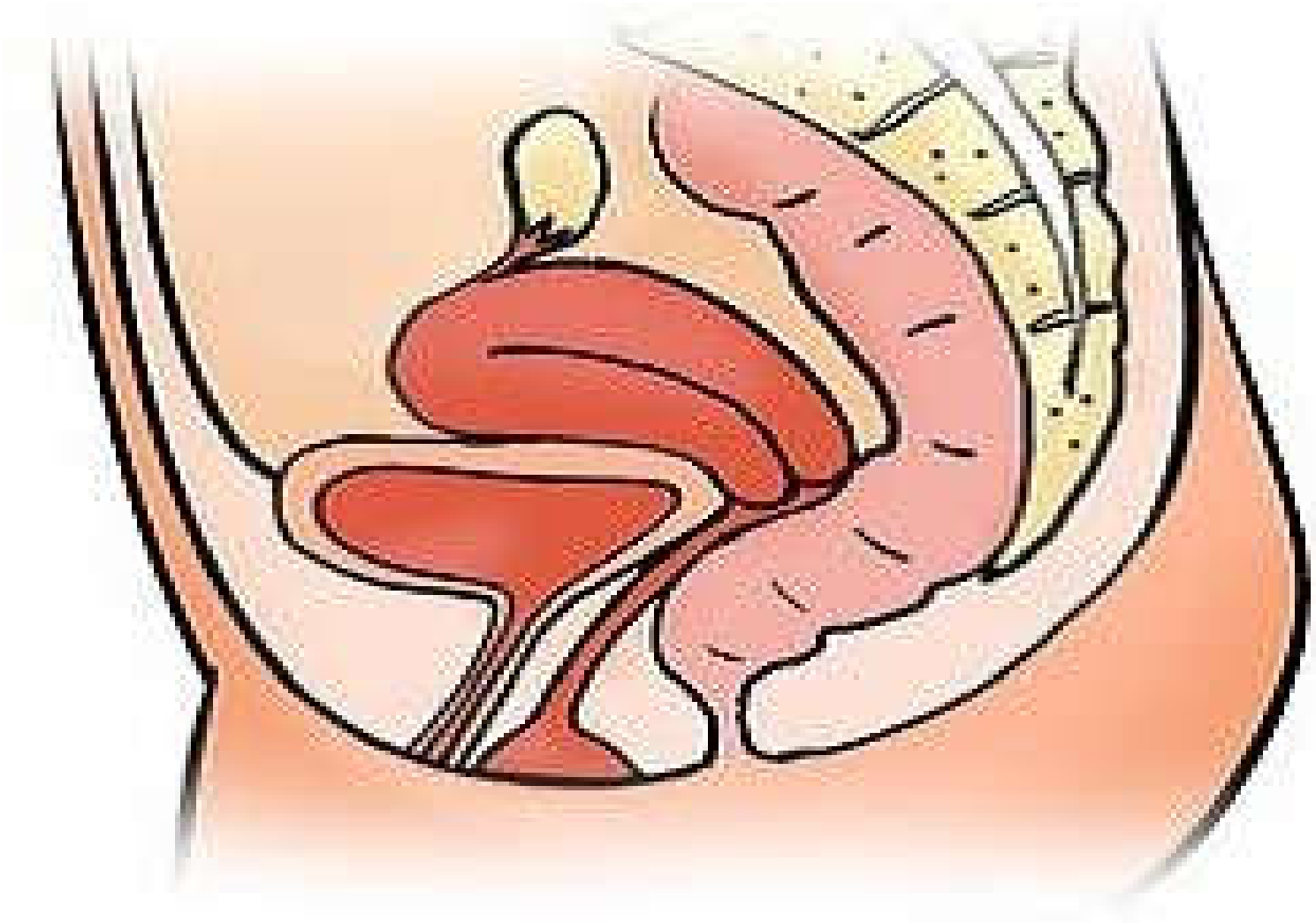
*Bartholinits and abscess formation

*Chronic cervicitis

*Salpingitis

*PID

*Infertility



Extra genital gonorrhea
1-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

2-Oropharyngeal gonorrhoea

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

3-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

* Uncommon
* 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

2) 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 organisms
1 ureaplasma urealyticum (10-40%)
2 trichomonas vaginalis 3-yeast
4 HS
5 bacteria

NSTU

Clinical picture:

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

Treatment:

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


THANK YOU