

# Practical

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دعاء قبل المذاكرة

اللهم إني أسألك فهم النبيين و حفظ المرسلين و  
اللهم اجعل ألسنتنا عامرة بذكرك و ,الملائكة المقربين  
إنك على كل شيء قدير و حسبنا الله ,قلوبنا بخشيتك  
(و نعم الوكيل)

# Secondary syphilis

Brief recall

## 2<sup>nd</sup> stage - or secondary syphilis :-

-This stage occurs in about 6-8 weeks after formation of sore if the chancre is not marked and the patient untreated.

-Typically, general signs appear: fever, the aches , headache , a tiredness , a rash as well as lesions on the palms of the hands and soles (feet), glossitis (lesions in the tongue), the lesions contain the bacteria, they are highly contagious.

**-Sampled and identified through dark-field microscopy.**

**-Other tests: nontreponemal test (RPR & VDRL), treponemal test (FTA-ABS & MHA-TP)**



# Case 1

A 23-year-old alcoholic and drugs (cocaine) addict single male arrived from his trip to South East Asia six months ago. He gave history of multiple sexual partners. Two months ago he developed ulcer on his penis which disappeared completely. A full physical notes a rash on both her palms and her soles

## 1) What are the possible causes for his presentation?

- Treponema Pallidum(syphilis)
- Herpes Simplex Virus 2(genital herpes)
- Haemophilus Ducreyi(chancroid)

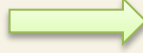
## 2) How could you differentiate between them based on s/s of the patient ?

Ulcer	Etiology	Ulcer	Lymphadenopathy (Babo)	Systemic
Chancroid	Haemophilus Ducreyi	Wet , painful	Inguinal tender	Present
Chancer	Treponema Pallidum	Dry, painless and raised margin	Inguinal part of generalize disease	Depends on stage
Ulcerated Vesicles	Herpes Simplex Virus 2	Multiple shallow painful	Occasionally present	In primary

**3)Based on the finding, what is the most likely diagnosis? Briefly outline the management of this patient?**

Diagnosis: **secondary syphilis**

Treatment:

- Benzathine penicillin I.M. allergy  Doxycycline
- Patient Counselling and Education
- He should be tested for other STDs especially HIV

# Gonorrhoea

Brief recall

- In both genders, gonorrhoea spreads through the bloodstream to other organs, causing infection and inflammation of the joints (gonococcal arthritis), the heart (gonococcal endocarditis), or covering the brain (gonococcal meningitis).
- Some adults get eye infections by rubbing eyes after touching infected genitals
- complications: pelvic inflammatory disease (PID), disseminated gonococcal infection (DGI)**
- selective culture's medium: thayer-martin, and grows on chocolate agar.**



# Case 2

A 35-year-old Pilipino married male presented to the emergency room complaining of dysuria for the last 24-hour and noted some "**pus-like**" drainage in his underwear and the tip of his penis.

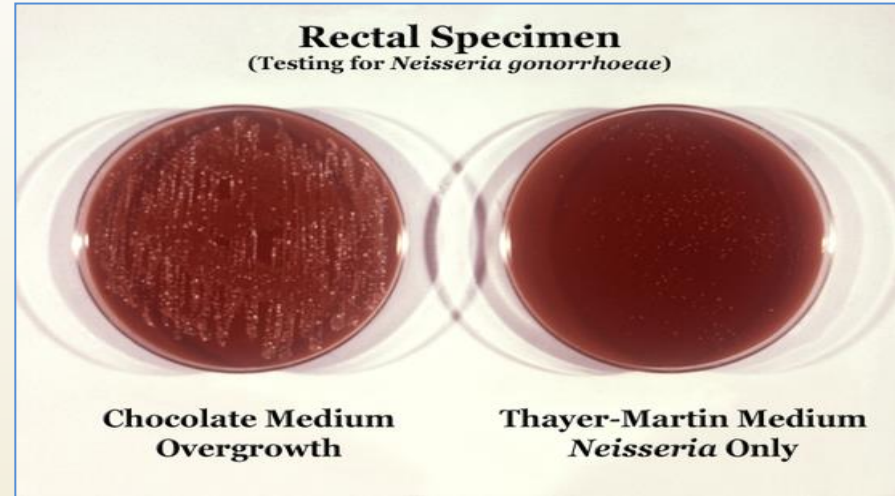
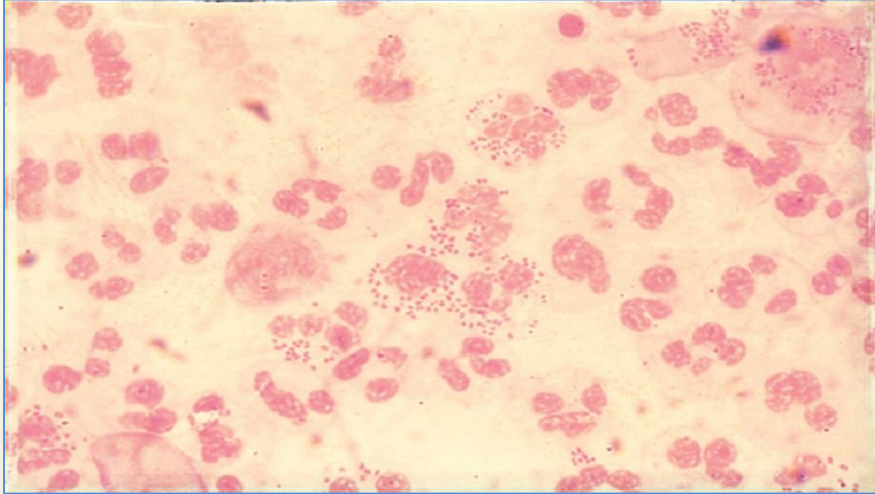
## 1) what are the possible causes for his presentation?

	<b>Organisms</b>	<b>Urethritis</b>
Gonococcal Urethritis	Neisseria gonorrhoeae	Purulent discharge
Non-gonococcal urethritis	Chlamydia trachomatis	Mucopurulent
	<u>Others</u> <ul style="list-style-type: none"><li>•Trichomonas vaginalis</li><li>•Mycoplasma genitalium</li></ul>	

**2) What investigations do you like to order for him? Explain how those investigations would help you?**

	<b>Organisms</b>	<b>Smear/Culture</b>	<b>Immunological tests</b>	<b>Molecular testing</b>
GCU	Neisseria gonorrhoeae	Gram-ve diplococci & cellpus / Selective media	--	+ve
NGCU	Chlamydia trachomatis	Pus cell/McCoy Cell culture	DFA	+ve
	<u>Others</u> Trichomonas vaginalis Mycoplasma genitalium	Wet mount; -pus &TV/Culture -Pus cell/Special media culture	EIA  EIA	+ve  +ve

**Gram-stained specimen from urethral discharge reveals *N. gonorrhoeae* intracellular diplococci**



**3)Base on the finding, what is the most likely diagnosis? Briefly outline the management of this patient?**

Diagnosis: **Gonococcal urethritis**

Management:

- Ceftriaxone or azithromycin (other antibiotic: ciprofloxacin, tetracyclin).
- Screen for other STDs.
- Partner should be treated as well.



Brief recall

## Trichomaniasis

Complication: premature rupture of membranes, preterm labor, low birth weight and could transmit to other STDs

Tests: preparation-papsmear, other method like ELISA and DNA probe

### Case 3

A 24-year-old female noted vaginal itching and irritation with a discharge. Previously, she developed a yeast infection that was treated with over-the-counter medications and resolved. Thinking that this was recurrence, she again self-treated. This time, however, the symptoms did not resolve

#### 1)What are the possible causes for her presentation?

*Bacterial vaginosis*

*Candida vaginitis*

*Trichomonas vaginalis*

*Allergic vaginitis*

*Chlamydia trachomatis*

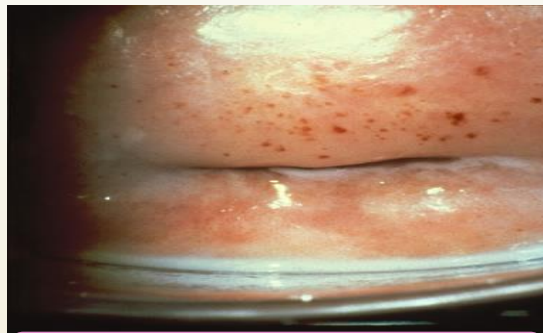
*Neisseria gonorrhoeae*

**2) What investigations would you like to order for her? Explain how those investigations would help you?**

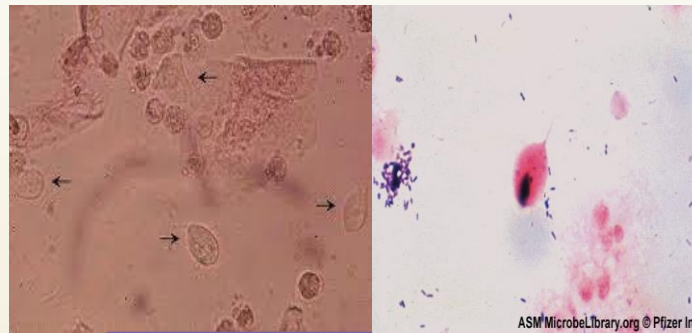
	<b>PH</b>	<b>Whiff test</b>	<b>Gram stain / Wet prep</b>	<b>Culture</b>	<b>Immunologic/ molecular test</b>
<b>Bacterial vaginosis</b>	>4.5	+++	Clue cells	Not helpful	DNA Probe (gardnerella vaginalis)
<b>Candida vaginitis</b>	<4.5	-	Yeast and pseudohyphae	Candida	DNA Probe
<b>Trichomonas vaginalis</b>	>4.5	+-	Trichomonas	Motile Trophozoites	EIA DNA Probe

Case cont:

-She presented to her family physician for management. On examination there is a bad odor along with a frothy discharge and strawberry cervix, Swab of the secretions was taken in order to perform tests.



Strawberry cervix



Wet prep/gram stain



Flagellated trichomonis

**3)Based on the finding, what is the most likely diagnosis? Briefly outline the management this case?**

Diagnosis: **Trichomoniasis**

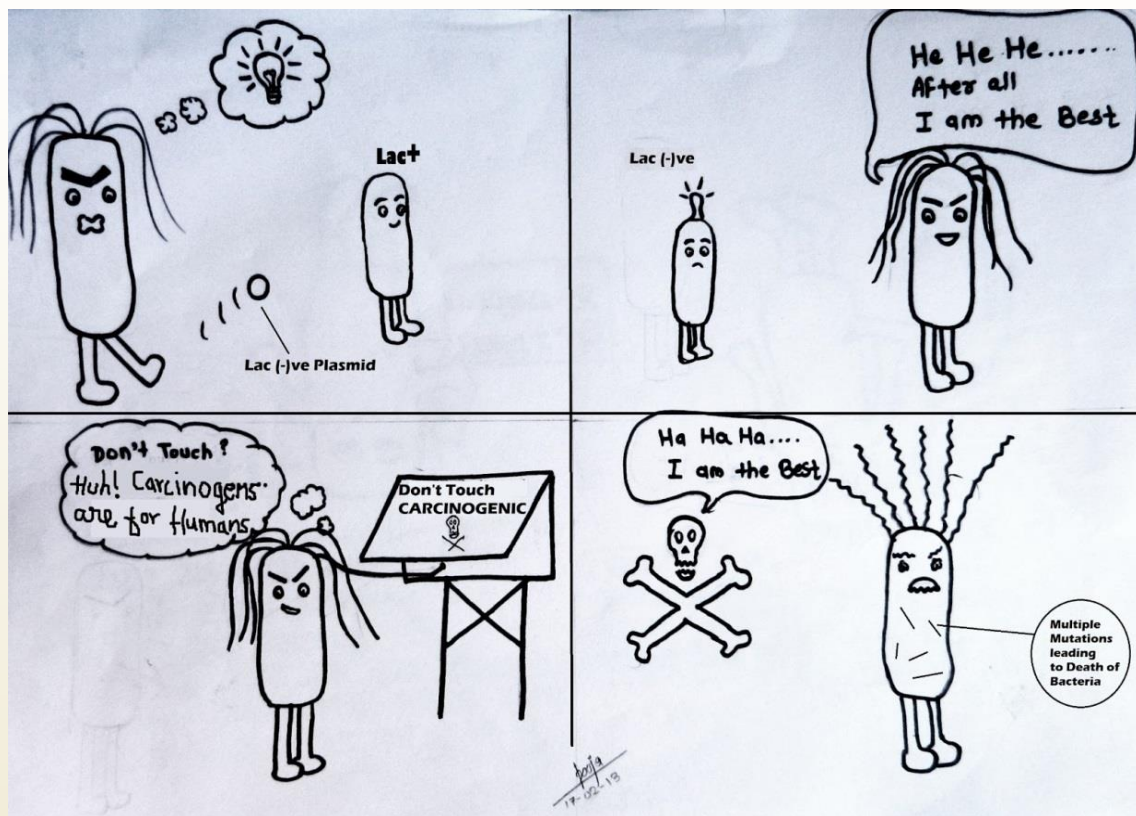
Management:

- Metronidazole**
- Husband should be treated**
- No sex until they are cured**
- Patient Councelling and Education**

Done by:

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Ahad Awadh 😞



**Thank you for checking our work**

دعاء بعد المذاكرة

اللهم إني استودعتك ما قرأت وما حفظت وما تعلمت فرده لي ( عند حاجتي إليه إنك على كل شيء قدير وحسبنا الله و نعم الوكيل )