Genital Ulcers and Warts

Genital Warts	
Treatment	• **Goal**: remove exophytic warts; exclude cervical dysplasia before treatment • **Medication** (not in preg): podophylin 0.5% gel BID x3 days then off 4 days and repeat up to 4 times • Imiquimod 5% cream 3x/wk on alternate days until resolution (<16 wks) • **Prevention**: Gardasil 9-valent vaccine (HPV(6, 11, + 7 others)
Syphilis	
Signs and Symptoms	• **Primary**: Indurated, well defined, usually single painless ulcer "chancre." • **Secondary**: weeks to months later; systemic infection w/ rash, fever, HA, malaise, anorexia, adenopathy • **Latent** → Leads to Tertiary in 25%: CNS, cardiac manifestations; gummatous lesions.
Diagnosis	• **Initial**: FTA-ABS, MHA-TP, dark-field microscopy or DFA test of exudate or tissue • **Final**: VDRL, RPR (reverse sequence screening @ BCH) • False seronegatives seen in first 3 months; presumptive tx recommended
Treatment	**Primary and Secondary**: Benzathine Penicillin G: 2.4 mil. U IM x1 Doxycycline 100mg BID x14d for allergy/preg **Latent**: infected but no sx Benzathine Penicillin G: 2.4 million U IM weekly x3 wks **Partner**: evaluate if contact w/i 3 mo for primary, 6 mo for secondary, 1 year for latent
Chancroid	
Signs and Symptoms	• Multiple, ragged, painful, non-indurated ulcers • Painful suppurative inguinal adenopathy
Diagnosis	• **Initial**: clinical presentation, neg syphilis and HSV • **Final**: culture of *haemophilus ducreyi*
Treatment	• Azithromycin 1g PO x1 dose • CTX 250 mg IM x1 dose • Ciprofloxacin 500 mg BID 3d • Erythromycin 500 mg TID 7d • **Partner**: evaluate and treat contacts w/i 10 days of symptoms

Pelvic Inflammatory Disease

Pathophysiology	Infection of upper genital tract (cervix, uterus, fallopian tubes, ovaries)
Etiology	N. gonorrhea, C. trachomatis or other anaerobic organisms
Symptoms	Pelvic pain, dyspareunia, vaginal discharge, fever, and menstrual irregularities associated w/ lower abdominal tenderness, adnexal tenderness, and/or cervical motion tenderness
Physical Exam	Uterine, adnexal, or cervical motion tenderness +/- LQ or RUQ tenderness
Evaluation	STI testing (GC/CT, consider trich) Consider CBCd, ESR, RPR, urine hCG, UA, UCx.

Pelvic Inflammatory Disease continued on next page →