

Final Diagnosis

The laboratory investigations are well within the normal limits.

Based on the inference from the gram staining;

A gram negative, diplococci is seen, suggestive of *Neisseria gonorrhoea*

Diagnosis-

URETHRAL DISCHARGE SYNDROME

Management (Syndromic Approach)

Drug Treatment (as per NACP Guidelines)

Tab AZITHROMYCIN 1000 mg.

Tab CEFIXIME 800 mg single dose.

Risk Reduction Counselling modes of STI transmission

- Emphasis on consistent condom use
- Avoidance of multiple sexual partners

HIV and STI Counselling

- Advised HIV, VDRL, and HBsAg testing
- Explained window period and need for repeat testing

Behavioural Counselling

- Addressed stigma and psychological stress
- Encouraged open communication with partner

Partner treatment-

The partner of the given patient is counselled about the disease.

Explained about the importance of safe sexual practice.

Prescribed medication-

Tab AZITHROMYCIN 1000 mg.

Tab CEFIXIME 800 mg single dose.

Conclusion -

A 28-year-old male with history of casual unprotected sex, presenting with greyish -white urethral discharge is suspected to be a case of urethritis, on further investigations and laboratory reports, the organism is confirmed to be N.Gonorrhea for which the appropriate treatment was given. The patient was further counselled about the need of pharmacotherapy and the need for the usage of mechanical contraceptives.

With a syndromic approach to the current case, the treatment is started earlier than the conventional need to wait for the culture reports which usually takes 3-5 days. With this method of treatment and counselling the partner is also treated simultaneously which prevents re infections and community transmission.