<u>Unit IV – Problem 8 – Microbiology: Sexually Transmitted Diseases (STDs)</u>



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Organism	Sexually Tr Disease	ransmitted Infections (STIs) – organisms which cause Comment	e ulcers Diagnosis
Herpes Simplex Virus types 1 & 2 (HSV-I , HSV-II)	HSV-I: transmitted via saliva causing oropharyngeal infection in children. HSV-2: sexually transmitted causing genital herpes.	 HSV-2 is usually asymptomatic. Consists of vesicles that soon break down to form painful shallow ulcers. Infection can be transmitted from mother to infant during delivery. 	 Detection of HSV DNA by vesicle fluid or ulcer swab. Immunofluorescence.
Chlamydia trachomatis (obligate intracellular parasite)	L1, L2, L3 serotypes (lymphogranuloma venereum)	 Symptomatic infection is more common in men. Ulcerating papule at the site of inoculation accompanied by fever, headache and myalgia. Causes inguinal lymph node enlargement (inguinal buboes). 	 Culture. Nucleic acid-based tests are also available.
Haemophilus ducreyi	Chancroid	Painful non-indurated genital ulcers and local lymphadenitis.	 Gram stain: gram-negative rods and chains. Culture: rich medium.
Calymmatobacterium granulomatis	Donovanosis	Characterized by nodules, almost always on the genitalia, which erode to form granulomatous ulcers that bleed readily on contact.	 Gram stain: gram negative rods. Donovan bodies appear as clusters of blue- or black-stained organisms in the cytoplasm of mononuclear cells.
Treponema pallidum	Syphilis	 Chancre (painless ulcers). Sexually transmitted and from mother to fetus via transplacental infection. 	Serologic test.Enzyme-linked immunosorbent assay.
Sexually Transmitted Infections (STIs) – organisms which cause discharge			
Organism	Disease	Comment • Women are usually asymptomatic.	Diagnosis
Neisseria gonorrhea A human pathogen transmitted sexually or during childbirth (causing ophthalmia meonatorum in infant).	Gonorrhea	 Worden are usually asymptomatic. Site of entry: vagina-urethral mucosa of penisthroat-rectal mucosa. Causes dysuria & urethral discharge in men – vaginal discharge in females (risk of PID & infertility). The discharge is: thick, yellowish-greenish, purulent and abundant. 	 Gram stain: gram negative intracellular diplococci. Culture: chocolate blood agar. Nucleic acid-based approaches.
Chlamydia trachomatis (obligate intracellular parasite: elementary body adapted for extracellular survival and reticulate body adapted for intracellular multiplication)	Serotypes D-K (non-gonococcal urethritis)	 Sexually transmitted or during childbirth (resulting in conjunctivitis or pneumonitis in infant) Women usually asymptomatic. Causes urethritis, epididymitis, proctitis in men and urethritis, cervicitis, salpingitis in women. The discharge is: mucoid, scarce and usually present in the morning. 	 Culture. Direct immunoflourescence. Nucleic acid amplification test.
Mycoplasma (M.hominis – M.genitalium – Ureaplasma urealyticu)	Non-gonococcal urethritis	Colonize the genital tracts of healthy sexually active men and women.	• Culture: fried-egg appearance.
Trichomonas vaginalis (protozoan parasite)	Trichomoniasis	 Sexually transmitted, inhabiting vagina in women and urethra in men. Frothy, profuse, foul-smelling vaginal discharge with bubbles. 	 Microscopic examination shows actively motile trophozoites. Culture. Nucleic acid detection.
Candida Albicans	Candidiasis	Vaginitis with cottage-cheese vaginal discharge accompanied by urethritis and dysuria.	 Microscope examination: clusters of thread-like branching monilia organisms. Culture.
Organism	Disease	Other concerns Comment	Diagnosis
Anaerobes and Gardnerella vaginalis	Bacterial vaginosis	 Characterized by at least three of the following signs and symptoms: Excessive malodorous vaginal discharge. Vaginal pH > 4.5 Presence of clue cells. A fishy amine-like odour when adding potassium hydroxide. The discharge is: milky or creamy. 	Culture: human blood agar.
Human Papilloma Virus (HPV)	Genital warts and cervical cancer in females	 High-risk types for cervical cancer: 16,18 Low-risk types: 6,11 	