

<u>Arabian Gulf University – Kingdom of Bahrain</u> <u>Year 5 – Gynecology and Obstetrics – 5th Week</u> <u>Salmanya Medical Complex – Dr. Fazal Dar – STDs</u>

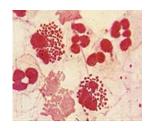
- <u>STDs are considered to be a hidden epidemic (especially in our region).</u>
- Pubic lice:
 - The scientific name is: Pubis phthirus.
 - Its behavior is different than body/hair lice \rightarrow it stays and sucks blood from one place instead of moving around that is why it is easier to remove it.



- Important sexually transmitted pathogens:
 - Bacteria:
 - ✓ <u>Treponema pallidum</u>: syphilis.
 - ✓ <u>Neisseria gonorrhea</u>: gonorrhea.
 - Viruses:
 - ✓ HIV.
 - ✓ Hepatitis-B Virus (HBV).
 - ✓ Herpes Simplex Virus (HSV).
 - Fungi:
 - ✓ Candida.
 - Protozoa:
 - ✓ Trichomonas vaginalis.
 - Arthropod (مفصليات الأرجل):
 - ✓ Sarcoptes scabiei.

Gonococcal infection:

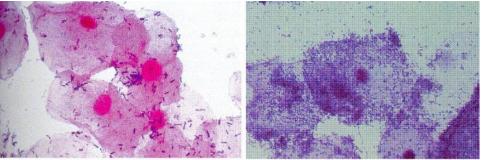
- How to diagnose it? specimen collection through swabs and then sent for:
 - ✓ <u>Gram staining</u>: gram (-) intracellular diplococci.
 - \checkmark <u>Culture</u>: chocolate blood agar.
 - ✓ PCR.
 - ✓ Antibiotic-sensitivity test.
- Gonorrhea causes:
 - ✓ <u>Males</u>: dysuria and urethral discharge.
 - ✓ <u>Females</u>: vaginal discharge (\uparrow risk of PID and infertility).
 - Notice that the discharge is thick, yellowish-greenish, purulent and abundant.
- Management of gonorrhea:
 - ✓ <u>Cephalosporin regimen</u> \rightarrow if there is no tolerance to this regimen \rightarrow 2g spectinomycin (IM).
 - \checkmark Notice that no quinolone or tetracycline regimens are applied.
- Epidemiology of gonococcal infection in Kingdom of Bahrain:
 - ✓ More in Bahrainis more than non-Bahrainis (why?) → because most of non-Bahrainis are workers who are screened before being allowed to enter the country (this explains why there is a lower incidence among them).
 - ✓ Generally, gonococcal infection is more between 20-40 years of age (why?) \rightarrow because they are sexually active.



- Notice that not all gynecological infections are STDs! A good example is:

Bacterial vaginosis:

- ✓ <u>Cause</u>: unknown! but there is disappearance of lactobacilli (which normally maintains the acidity of the vagina) and increase in anaerobes (Gardnerella vaginallis).
- ✓ <u>Criteria for bacterial vaginosis discharge:</u>
 - Discharge is watery and thin.
 - Positive "Whiff" test.
 - Presence of clue cells.
- ✓ <u>Treatment</u>: metronidazole.



Predominance of lactobacilli in Gram stain from healthy vagina

"Clue cells" in vaginal discharge, suggestive of bacterial vaginosis (BV).

Trichomonas vaginalis:

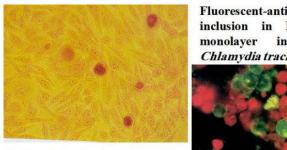
- It is a flagellated protozoan parasite responsible for trichomoniasis.
- It causes:
 - ✓ <u>Males</u>: mostly asymptomatic.
 - ✓ <u>Females</u>: abdominal pain, itching and presence of foul-smelling discharge with abundant leukocytes.



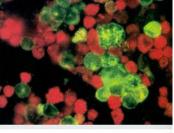
Chlamydia trachomatis:

- It is an obligate intracellular parasite: elementary body adapted for extracellular survival and reticulate body adapted for intracellular multiplication).
- Serotypes: D-K (causing what is known as non-gonococcal urethritis).
- It is sexually transmitted or during childbirth (resulting in conjunctivitis or pneumonitis in infants).
- It causes:
 - ✓ <u>Males</u>: urethritis, epididymitis and proctitis.
 - ✓ <u>Females</u>: usually asymptomatic but can cause urethritis, cervicitis and salpingitis.
- The discharge is: mucoid, scarce and usually present in the morning.
- Diagnosis:
 - ✓ Culture.
 - ✓ Direct immunofluorescence.
 - ✓ Nucleic acid amplification test.





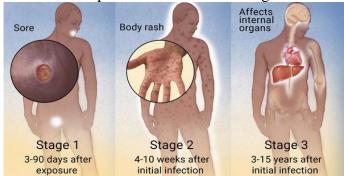
Fluorescent-antibody-stained inclusion in MacCoy cell infected with Chlamydia trachomatis.



Iodine-stained inclusion in MacCoy cell monolayer infected with Chlamydia trachomatis.

Treponema pallidum:

- Spiral bacteria appearing in dark-field microscopy and responsible for the disease (syphilis).
- **Stages of syphilis infection:**
 - <u>Stage-I</u>: is characterized by chancre (painless ulcers). \checkmark
 - Stage-II: is characterized by body rash. \checkmark
 - ✓ <u>Stage-III</u>: can result in complications with internal organs.



- It can be transmitted from the mother to the fetus via transplacental infection. • Congenital syphilis is characterized by:
 - \checkmark Microcephaly.
 - \checkmark Hemorrhage.
 - ✓ Rash.
 - \checkmark Hepatosplenomegaly.
- **Diagnosis:**
 - \checkmark Serologic tests.
 - ✓ ELISA.
- **Genital herpes:**
 - Resulting in painful ulcers (chancroid). •
 - Types 6 and 11 cause mucocutaneous lesions (including warts) and they are not associated with increased risk of cervical cancer (in contrast to types 16 and 18).