

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Gonorrhoea

The background features a dark blue field with several overlapping, thin, light blue circles of varying sizes. Some of these circles are solid, while others are dashed. Additionally, there are several thin, light blue lines that intersect and cross the circles, creating a complex geometric pattern.

Gonorrhoea is a sexually transmitted disease

Etiology: Neisseria Gonorrhoea

Incubation period: 2-5 days

Modes of transmission:

A- Sexual modes (common)

- * Heterosexual
- * Homosexual
- * Orogenital

B- Non sexual modes (uncommon)

- * Neonatal
- * Childhood

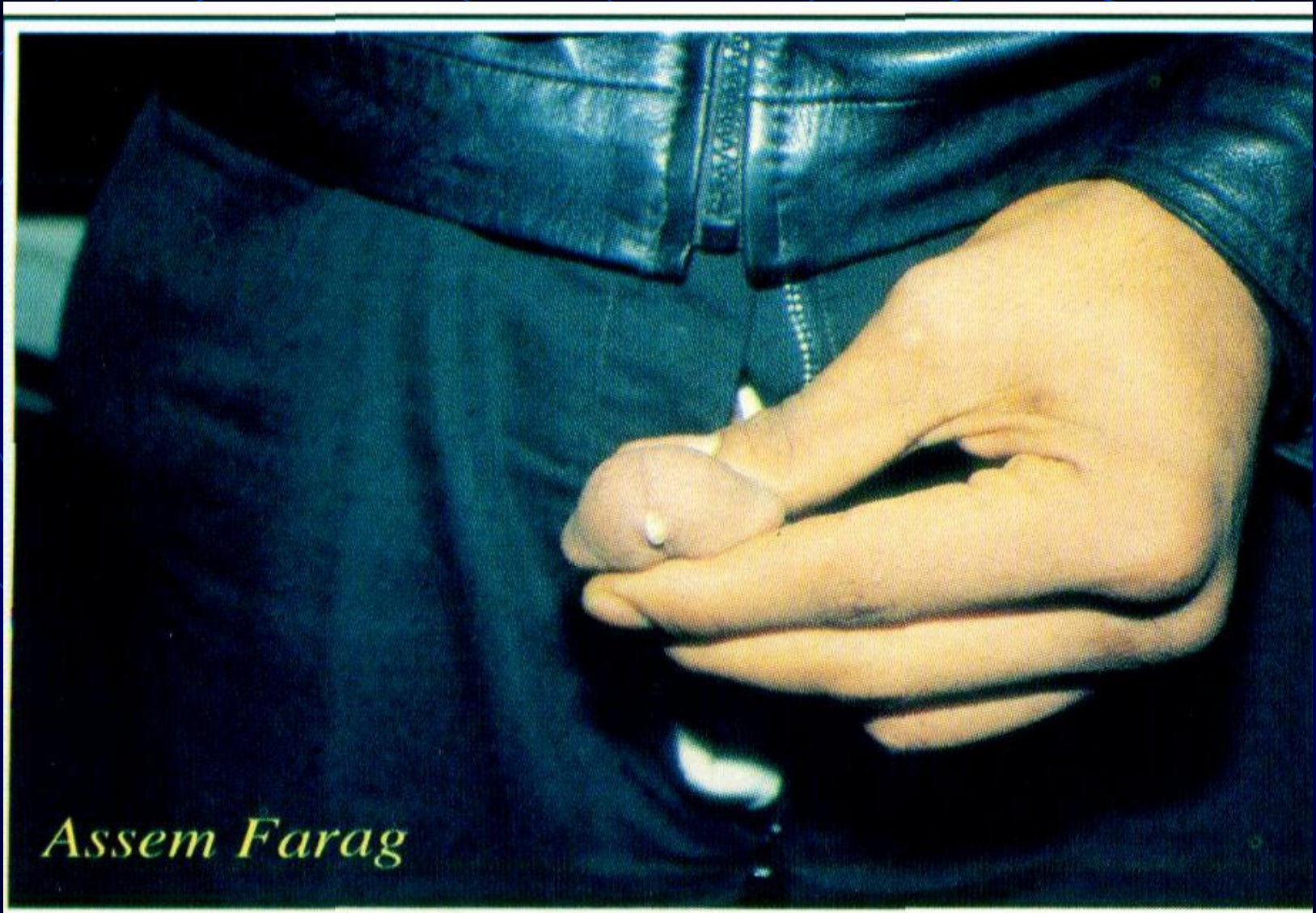
Gonorrhoea in the male

Clinical picture:

- * Urethritis is the most common manifestation:
 - * Profuse, purulent and yellow urethral discharge
 - * Dysuria, urgency and frequency
 - * Red and swollen external urethral meatus
 - * Slight enlargement and tenderness of the superficial inguinal lymph nodes
- * About 5-15 % of patients asymptomless



Assem Farag



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Local complications of Gonorrhoea in the male:

- * Tysonitis
- * Littritis
- * Cowperitis
- * Periurethral abscess
- * Prostatitis
- * Seminal vesiculitis
- * Epididymitis
- * Urethral stricture

Gonorrhoea in the female

Clinical picture:

- * Asymptomatic in up to 50%
- * Dysuria, frequency and urgency
- * Genital discharge
- * Inflammation and muocpurulent discharge from the urathral meatus and cervix
- * Enlargement and tenderness of the inguinal lymph nodes

Local complications of Gonorrhoea in the female :

- * Periurethral abscess and urethral fistula
- * Skinitis
- * Bartholinitis and abscess formation
- * Chronic cervicitis
- * Salpingitis
- * PID
- * Infertility

Gonococcal ophthalmia

- * It occurs within 6 days of birth
- * It occurs due to infection from mother during delivery
- * The eyes rapidly inflamed, with swollen, often edematous lids oozing pus
- * If the condition is severe, it may lead to blindness

Oropharyngeal gonorrhoea

- * Symptoms are uncommon
- * Mild tonsillitis or pharyngitis
- * Results from oro-genital sex

Anorectal gonorrhoea

- * In most patients, symptoms are absent
- * Itching, soreness and some anal discharge
- * Results from anal intercourse among homosexuals in men or from the genital discharge

Gonorrhoea in children

- * Uncommon
- * Common in girls than boys
- * Gonococcal urethral disease in boys is always the result of sexual activity
- * Vulvovaginal infection in girls can result from contact of infected towels or lavatory seats, or due to child abuse

Systemic complications of Gonorrhoea

- * Fever and other constitutional symptoms
- * Iridocyclitis
- * Arthritits
- * Perihepatitis
- * Dermatitis
- * Septicemia

Laboratory diagnosis of Gonorrhoea

* Gram stain:

- Gram negative kidney shaped diplococci

* Culture:

- Enriched media e.g. chocolate agar
- Selective media e.g. Thayer-Martin medium

* Serologic diagnosis:

- Complement fixation
- Immunofluorescence
- Hemoagglutination

Treatment of Gonorrhoea

1) General measure:

- * Simultaneous treatment and follow up of the partner
- * Avoid sexual activity during the treatment
- * Avoid self-examination and milking of the urethra

2) Antibiotic treatment:

* Single dose of the following:

- Ceftriaxone 125mg IM
- Cefixime 400mg orally
- Ciprofloxacin 500mg
- Ofloxacin 400mg orally
- Spectinomycin 2gm IM

* Amoxicillin 3gm orally + 1gm Probenicid

* Doxycycline 100 mg orally twice daily for 7 days



NON GONOCOCCAL URETHRITIS

urethritis

Gonococcal

Non gonococcal

Chlamydia trachomatis
(15-40%)

Other organisms

NSTU

- 1-ureaplasma urealyticum (10-40%)
- 2-trichomonas vaginalis
- 3-yeast
- 4-HS
- 5-bacteria

Def:

Inflammation of the urethra of multiple etiology characterized by scanty urethral discharge.

Etiology:

1. Gonococcal U.
2. Non gonococcal U :

Clinical picture:

- Long incubation period (2-3 ws).
- Acute onset
- Acute symptoms
- Scanty mucoid discharge

Treatment:

1. According to the cause
2. Doxycycline 100mg twice daily for chlamydia.

THANK YOU