

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# Gonorrhoea

The background features a dark blue field with several sets of concentric circles in a lighter blue hue. These circles are arranged in a way that they overlap and intersect, creating a complex, geometric pattern. Some of the circles are solid lines, while others are dashed. The overall effect is a modern, abstract design that frames the central text.

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

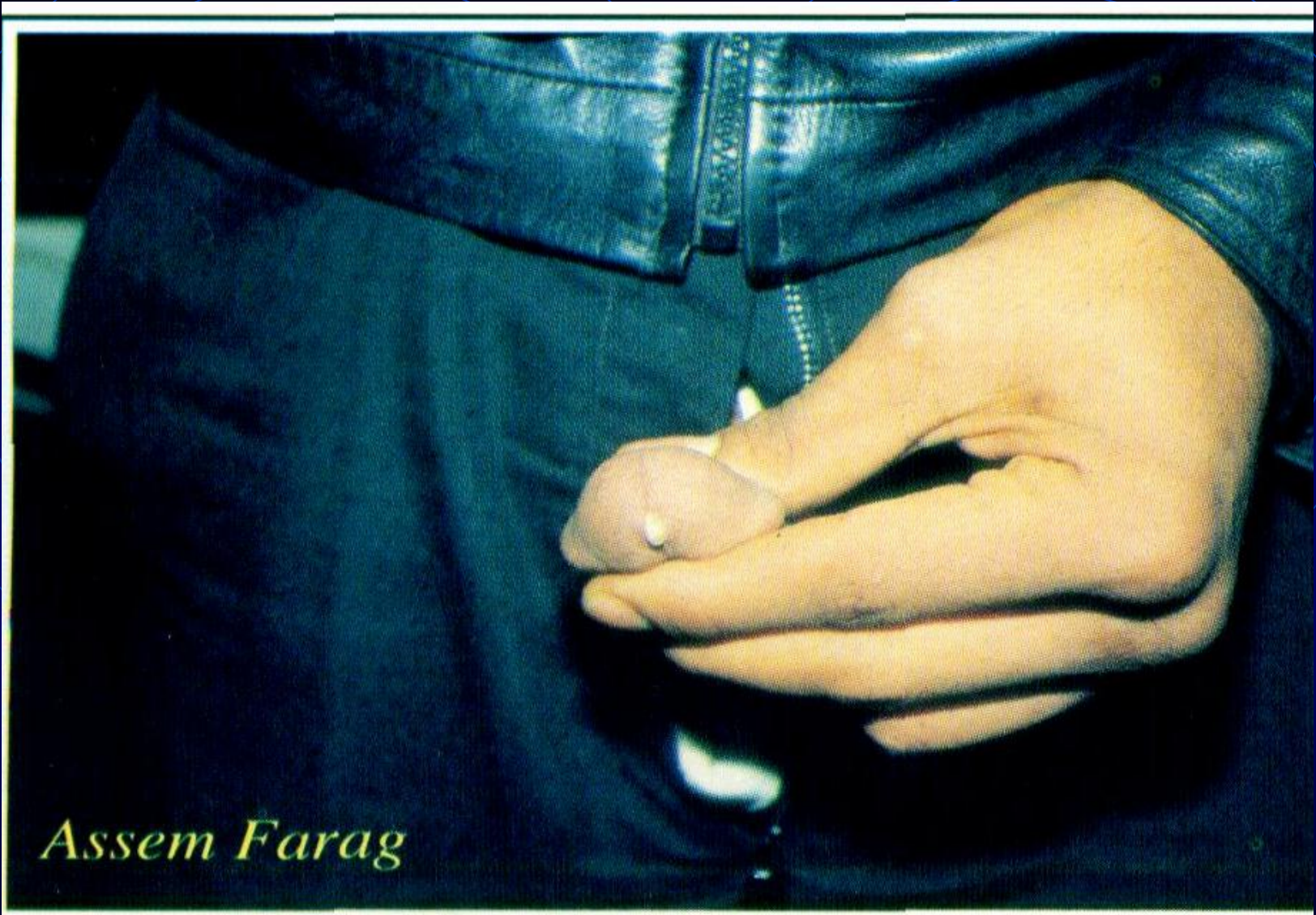
# Gonorrhoea in the male

## 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*



*Assem Farag*

## **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

THANK YOU