

Genital Ulcer

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Causes:

ST causes:

Herpes genitalis

Chancre (primary syphilis)

Chancroid

Lymphogranuloma venereum (LGV)

Granuloma inguinale (Donovanosis)

Non ST causes:

Behcet disease

Fixed drug eruption (treatment)

Trauma

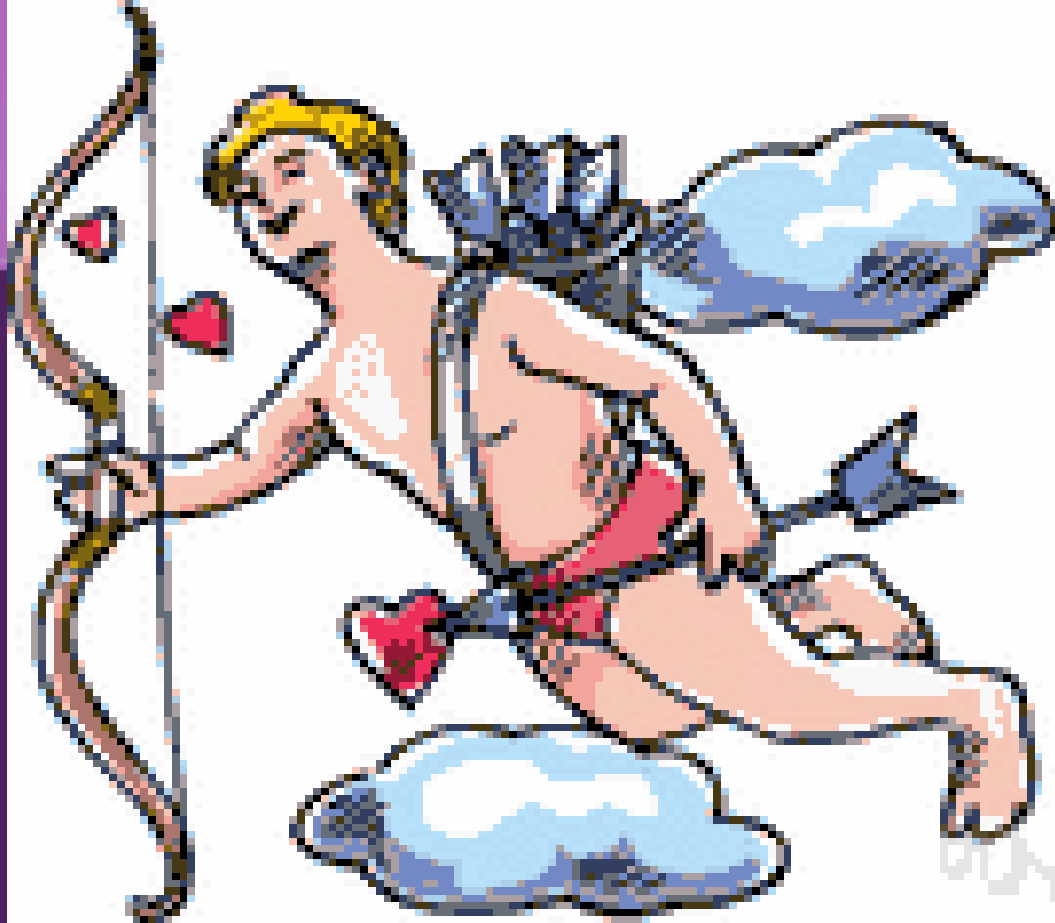
Tumor as SCC

Chronic infection as TB

Syphilis

Cupid





cupid :

**a symbol for love in the form of a cherubic naked boy
with wings and a bow and arrow
(Roman mythology god of love)".**

Mode of Transmission:

Sexual contact

Transplacentally

Blood

Microbiology:

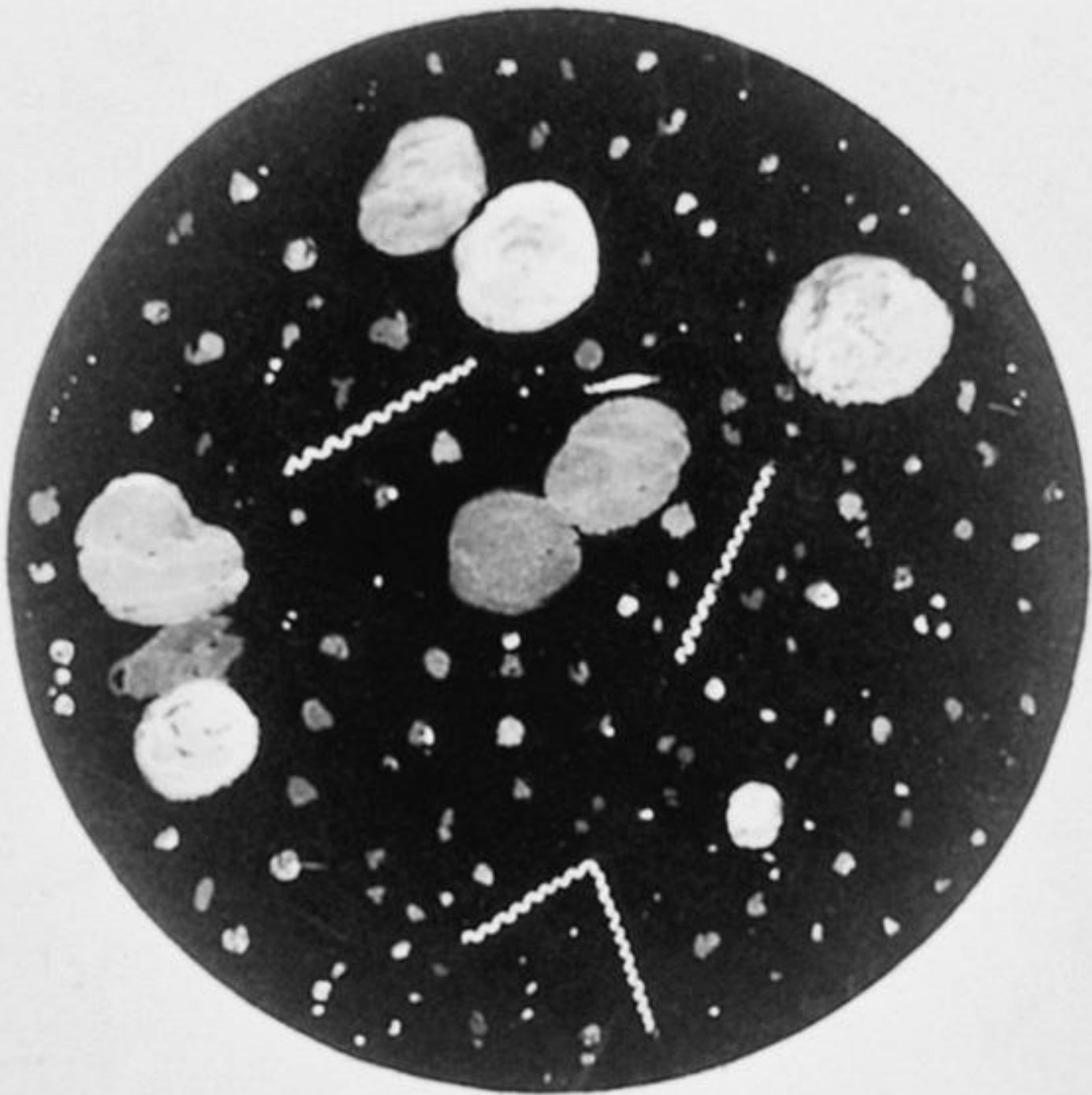
T. pallidum

Spiral bacterium (spirochete)

Corkscrew rotation motility

Dark Field M

Non culturable





Classification and Stages

Congenital and Acquired.

Acquired syphilis

1- Primary stage (chancre)

2- Secondary stage (skin, MM, & systemic)

3- Latent stage

(history of syphilis + absence of signs and symptoms + positive serologic tests)

Early latent (less than one year)

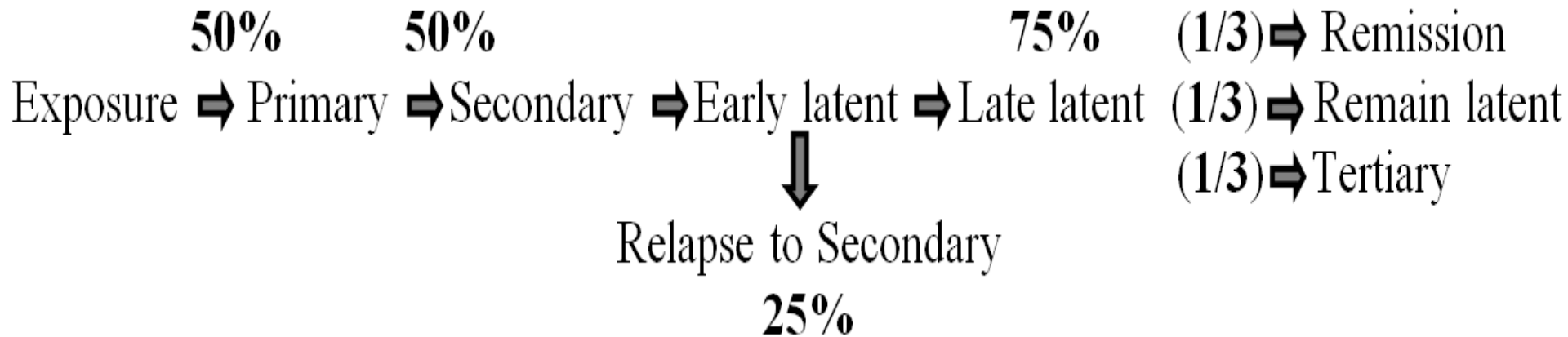
late latent (1 year or longer).

4- Tertiary stage (skin, MM, & visceral).

Early syphilis (within the first 2 years, infectious).

Late syphilis (after 2 years, less infectious).

Natural Course of Syphilis



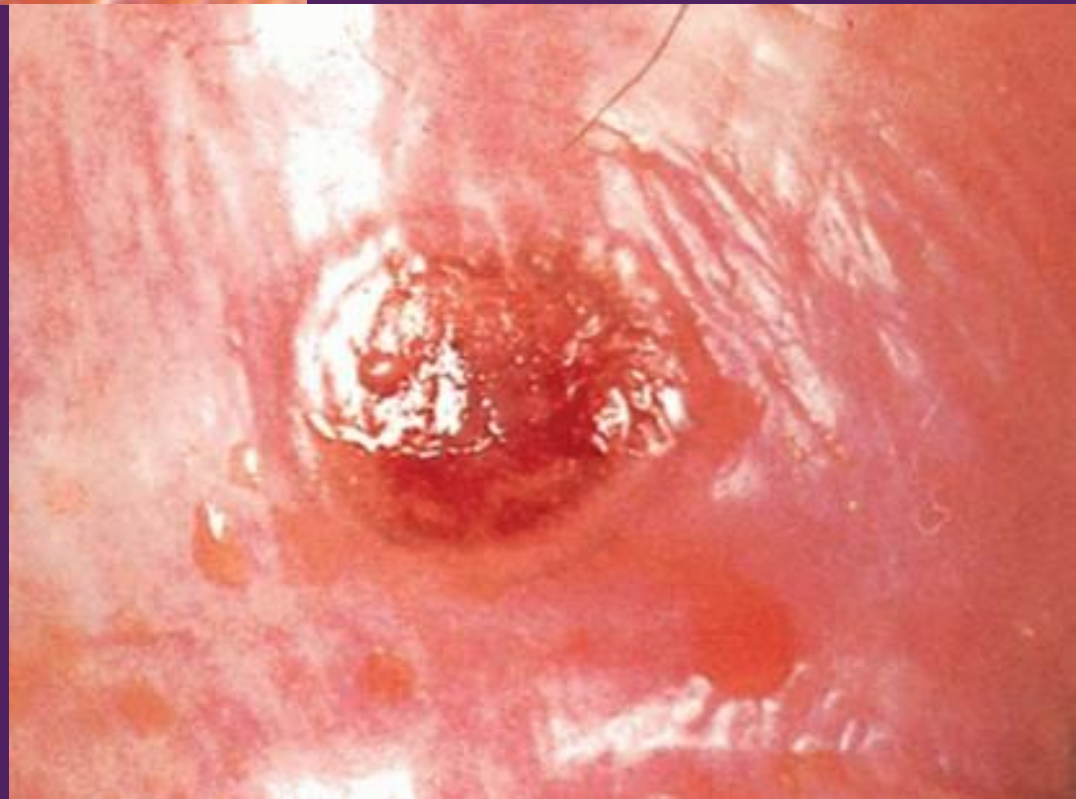
Primary Syphilis (chancre) :

The syphilitic ulcer (**chancre**)

IP: 9-90 days (3 weeks in **50%**)

Solitary, painless, hard, clean base (50%)

Painless, hard, discrete regional LN.





Secondary Syphilis:

Cutaneous Findings:

Flulike symptom and generalized painless
LN in 50%

"Moth eaten" alopecia

MM involvement

Extremely infectious

Genital (condylomata lata)

Oral, pharyngeal, laryngeal.

Systemic findings

DDX of Secondary Syphilis: Great Imitator

Skin eruption: pityriasis rosea, guttate psoriasis, lichen planus, pityriasis versicolor, drug eruptions, and viral eruptions.

Condylomata lata

Oral lesions

Alopecia "Moth eaten"













- 1. Little or no fever at onset.**
- 2. Pain or itching is minimum or absent.**
- 3. Lesions are non inflammatory, develop slowly.**
- 4. Marked tendency to polymorphism.**
- 5. Bilateral symmetrical, with characteristic palms and soles involvement.**
- 6. The color is characteristic, resembling a "clean-cut ham" (coppery tint).**







Tertiary Syphilis:

Cutaneous Lesions:

In opposite to the secondary syphilis; few, few MO, asymmetrical, slowly growing, destructive and heals with scar.

1. Nodular and noduloulcerative lesions
2. Gummas (a form of granuloma)

Predilections sites

MM Lesions:

palate, nasal mucosa, tongue, tonsils, and pharynx (**saddle nose**) are the disease hallmark.

Oral leukoplakia **50%**

Visceral: cardiovascular syphilis and neurosyphilis













Congenital Syphilis:

Early syphilis

Late pregnancy

25% of infants die in utero.

75% **one-half** develop the disease.

one-fourth only seropositive.

one-fourth not infected.

Early congenital

Late congenital

Stigmata of Congenital Syphilis

1. Ophthalmic: corneal clouding.
2. Oral: Hutchinson teeth and high-arched palate.
3. Nose: saddle nose.
4. Orthopedic: frontal bossing, saber shin, and thickened medial clavicle.
5. Neurologic: 8th cranial nerve palsy.
6. Positive serology for syphilis.





Diagnosis of Syphilis:

1. History and examination.
2. Dark-field microscopy
3. Serological tests.
4. PCR.
5. Biopsy: rarely needed.

Syphilis Serology

A- Non-Specific (Lipoidal or Non Treponemal)

VDRL RPR.

- These tests become positive 3-6 weeks after infection (after 3 weeks in **50%**).
- Remain strongly positive in the secondary phase, and become negative after treatment .. **monitor & follow up.**
- They are used for **screening** purposes.
- These tests give quantitative as well as qualitative results, so all reactive samples are **titrated** to determine the highest reactive dilution.
- When these tests are positive, verification should be done by the specific tests.

B- Specific (Treponemal) Tests:

TPHA

FTA/ABS

TPI

RPCF

- become positive earlier than the non specific.
- can not be used to assess response to treatment.
- They are not used for screening purposes.
- These tests cannot be titrated.

False Reactions:

False-positive reactions

False-negative reaction:

Prozone phenomenon

Treatment of Syphilis:

Penicillin

- **Early syphilis:** 2.4 MU BP G IM single
- **Late syphilis:** 2.4 MU BP G IM / W 3 times
- **Congenital syphilis:** CP for 10-14 days
- **Sexual partner**
- **No proven alternatives to penicillin in:**
 - 1- Neurosyphilis
 - 2- Congenital syphilis
 - 3- HIV infected patient
 - 4- Pregnant patient

- *Jarisch-Herxheimer Reaction:*
- a complex allergic response to antigens released from dead microorganism can complicate the treatment of syphilis

Follow Up : VDRL

Early syphilis:

every 3 months in the 1st year,
every 6 months in the 2nd year,
yearly thereafter.

Late syphilis: yearly.

Neurosyphilis: every 6 months

Signs of Relapse:

Clinical

Serological (4 fold increase)

Transplacental infection

Infection of the partner

Chancroid

Rare in Iraq.

haemophilus ducreyi.

Clinical Features:

Ulcer: in reverse to chancre ;

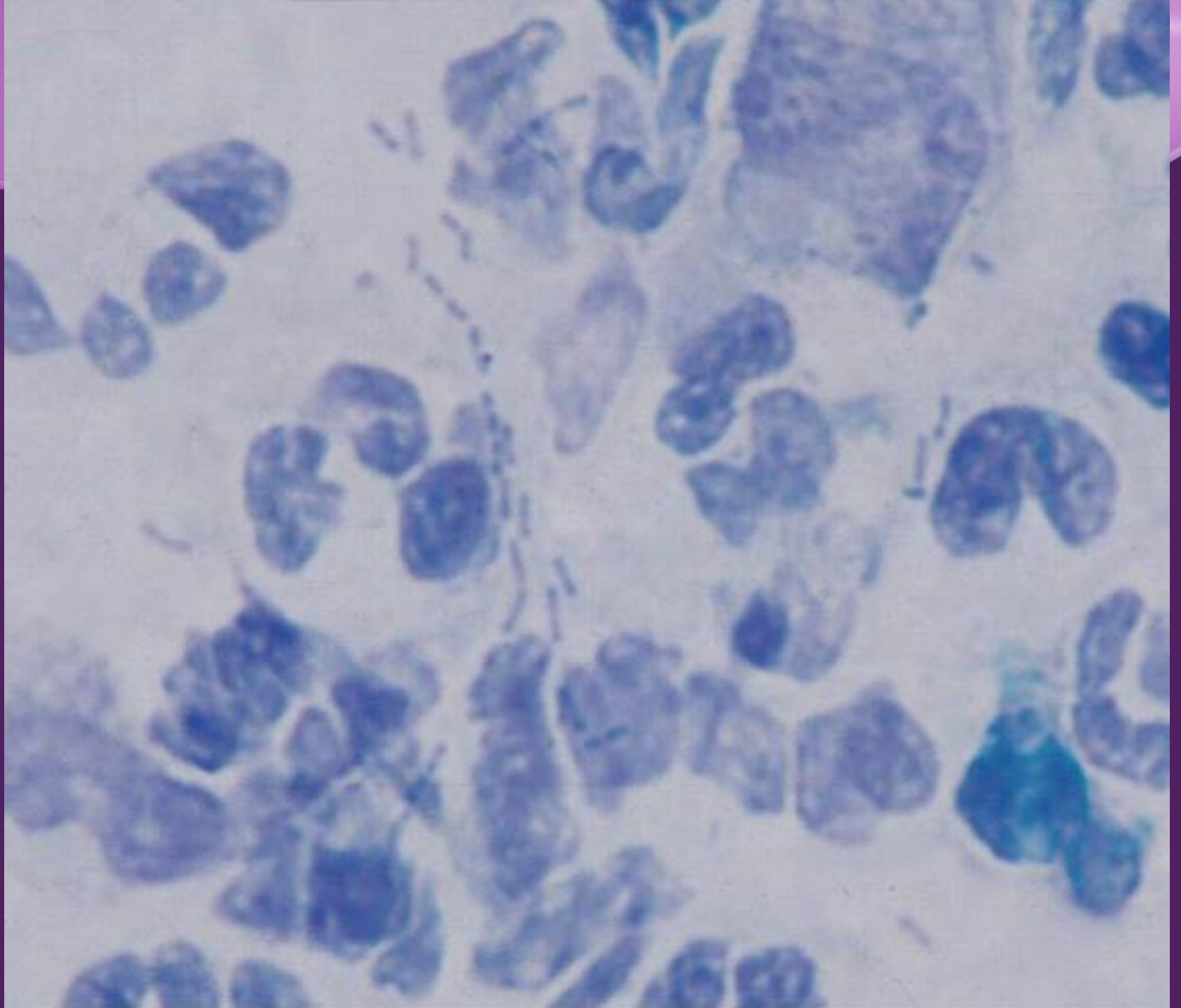
Multiple, painful, tender, soft, purulent base,
with **short IP** (3-5 days).

painful inguinal **LN** & may matted.

Investigation:

Smear: "school-of-fish" pattern.

Culture.





THANK YOU