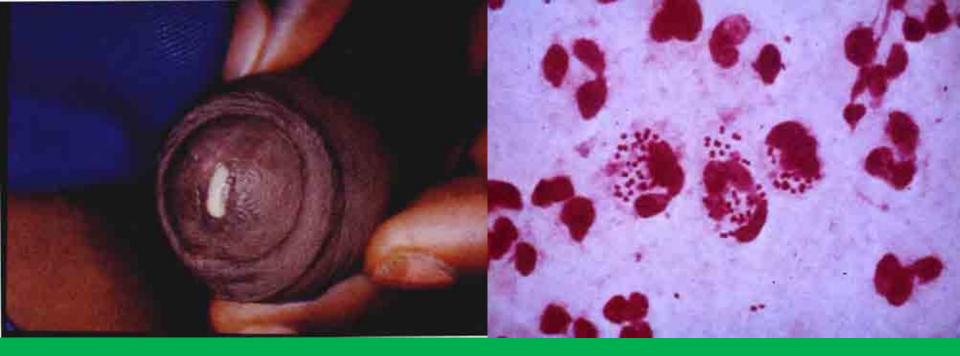
STIs - REVISION

Prof A A Hoosen

Department of Medical Microbiology, Faculty of Health Sciences, University of Pretoria and the NHLS Microbiology Tertiary Laboratory at the Pretoria Academic Hospital Complex



<u>CASE 1:</u>

Adult male patient presents with urethral discharge Gram stained smear of endo-urethral swab specimen.

- a) What are the 5 infective causative organisms of adult male urethritis?
- b) In the case above if mixed infection is excluded what is the most likely causative agent?
- c) What is the drug of choice for treatment of agent mentioned in b)?
- d) How does one confirm this diagnosis?



CASE 2:

Young woman presenting with complaint of profuse vaginal discharge

a) What are the causative organism of infection from the vaginal wall and from the endo-cervix?
b) Which specimens will you submit to the laboratory to diagnose this condition?
c) How would you treat this patient? (directed vs syndromic management)



<u>CASE 3:</u>

Wet mount smear of vaginal discharge from 22 year of pregnant woman. Large pear shaped motile organisms are visualised.

- a) What is the aetiological agent?
- b) What is the treatment of choice for this patient?
- c) What complications can occur if this infection is untreated?

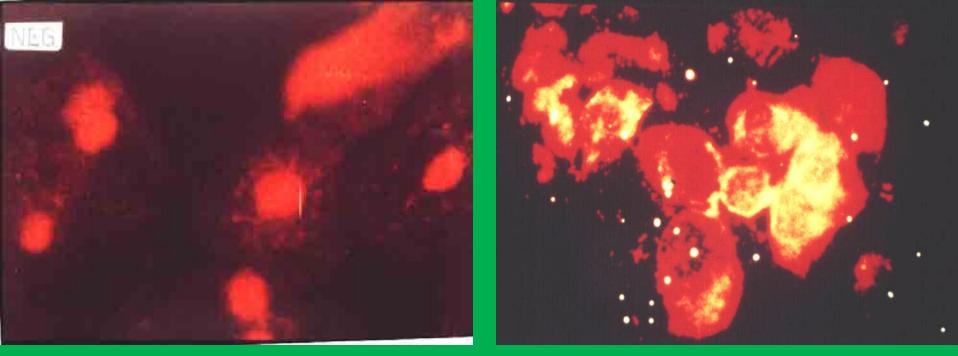


CASE 4:

A 25 year old woman presented with a homogenous vaginal discharge. A clinical diagnosis of bacterial vaginosis (BV) was made.

A Gram-stain of the vaginal swab showed a change in the vaginal flora and the presence of clue cells.

- a) What are the microorganisms involved in this condition?
- b) What bed-side tests would you carry out to establish a diagnosis of BV?
- c) What is the treatment of the condition?
- d) Should the partner also be treated?
- e) What complications can occur with this condition?



<u>CASE 5:</u>

Swab from cervix of women being investigated for endo-cervicitis Chlamydial antigen shown above. On left negative control and on the right positive test.

- a) What are the common infective causes of endo-cervicitis?
- b) What tests would you request for diagnosing this patient?
- c) What is the treatment for the infection shown above?
- d) What complications can occur if the infection is untreated?



<u>CASE 6</u>: CLINICAL PRESENTATIONS OF CANDIDIASIS

- a) List 5 clinical conditions associated with yeast infections?
- b) Which is the commonest yeast species causing infections in the genital tract?
- c) How is a vaginal yeast infection diagnosed?





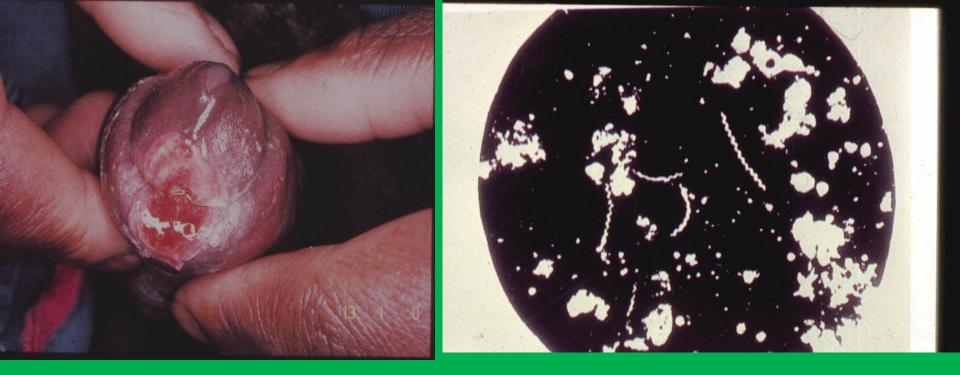




CASE 7:

Baby with discharging eyes presents to paediatric clinic. Swab specimen grows *N. gonorrhoeae* and *Chlamydia trachomatis* D-K strains

- a) What will be your treatment for this infection?
- b) How could this infection have been prevented?
- c) What complication can occur if this infection is not treated?



CASE 8:

A third year university student presents to the outpatient clinic with a painless genital ulcer. The attending doctor suspects a chancre.

- a) What is the aetiological agent if the clinical diagnosis is correct?
- b) Which laboratory test will confirm the clinical diagnosis?
- c) What is the treatment of choice?
- d) Which serological tests will assist in the diagnosis?



CASE 9:

Patient presents with GENITAL ULCER DISEASES

- a) What are causes of GENITAL ULCER DISEASE?
- b) Would a serological test be useful for diagnosing this condition?
- c) What is the treatment of choice for this condition and for how long would you
 - administer the treatment?
- d) What are some of the complications of this condition if improperly treated?

Protocols for the management of a person with a

Sexually Transmitted Disease

According to the Essential Drugs List



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CASE 10: National Department of Health guidelines developed in 1996, published in 1997; 1998; updated 2009

- What is meant by syndromic a) management?
- List three advantages of syndromic b) management for STIs
- List 2 disadvantages of syndromic c) management
- What syndrome does syphilis fall d) under?

FIRST LINE COMPREHENSIVE MANAGEMENT AND CONTROL OF SEXUALLY TRANSMITTED INFECTIONS (STIs)

Protocol for the management of a person with a Sexually Transmitted Infection

According to the Essential Drug List





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