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"Gonorrhea, syphilis, chlamydia, herpes,  
HIV positive, genital warts..."

# The most frequent agents of STD

- Papillomaviruses
- Chlamydiae
- Yeasts

## Other common agents of STD:

**HBV,**

**HCV**

**HIV**

**HSV 2**

***Mycoplasma & Ureaplasma***

***Gardnerella vaginalis***

***Trichomonas vaginalis***

***Sarcoptes scabiei***

***Phthirus pubis***

# Papillomaviruses

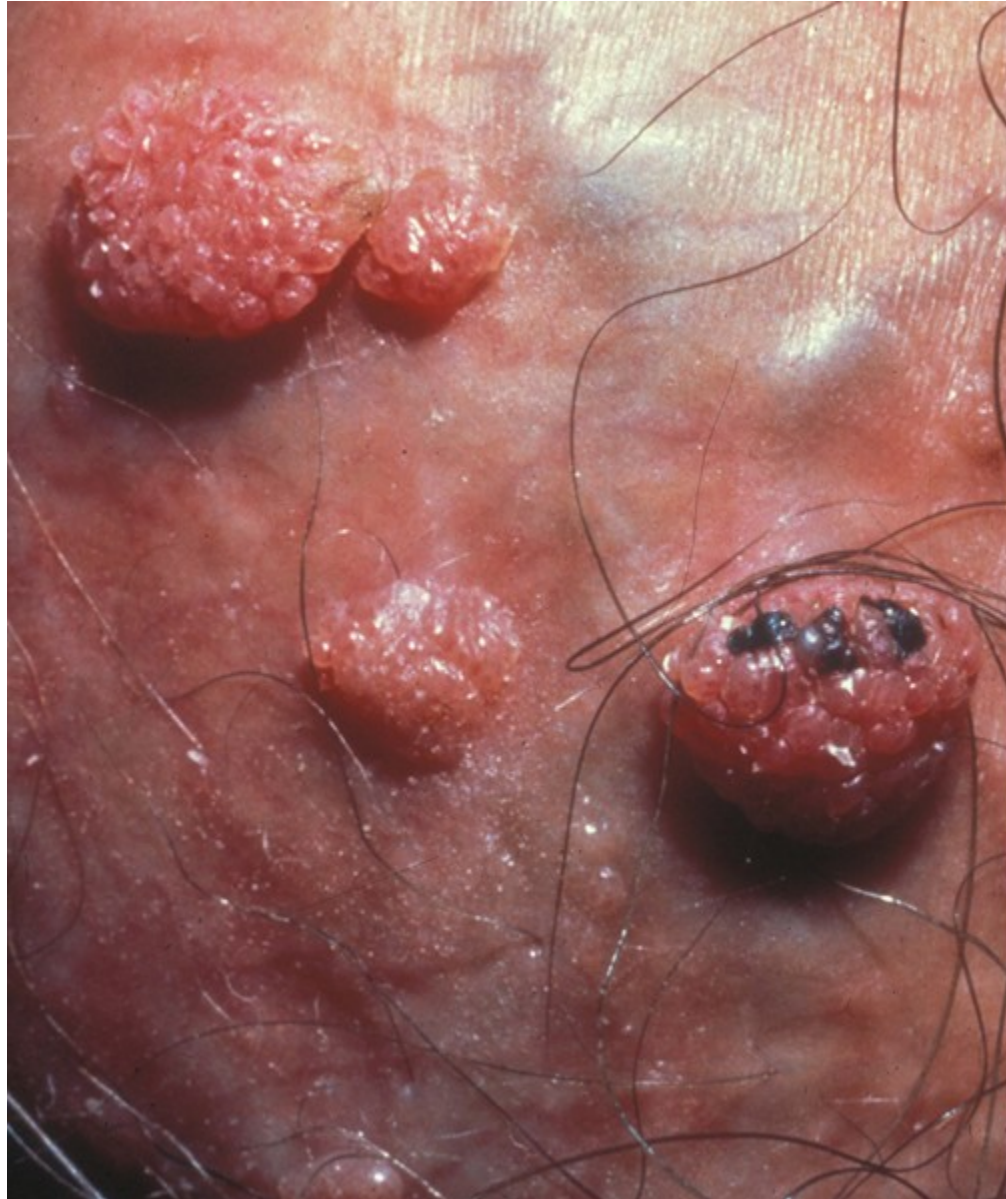
The **most frequent** agent of genital infections

Genotypes 6, 11 and many others:  
both **&** : **anogenital warts**  
(condylomata accuminata)

Genotypes 16, 18 and some other  
: infection of **cervix** → Ca

**Vaccination** against carcinogenic types!

**Anogenital warts (condylomata accuminata)**



# Chlamydiae

*Chlamydia trachomatis* serotypes D to K

: urethritis

: cervicitis

**Therapy:** macrolides and tetracyclines

**Lab. dg: direct:** detection of antigen

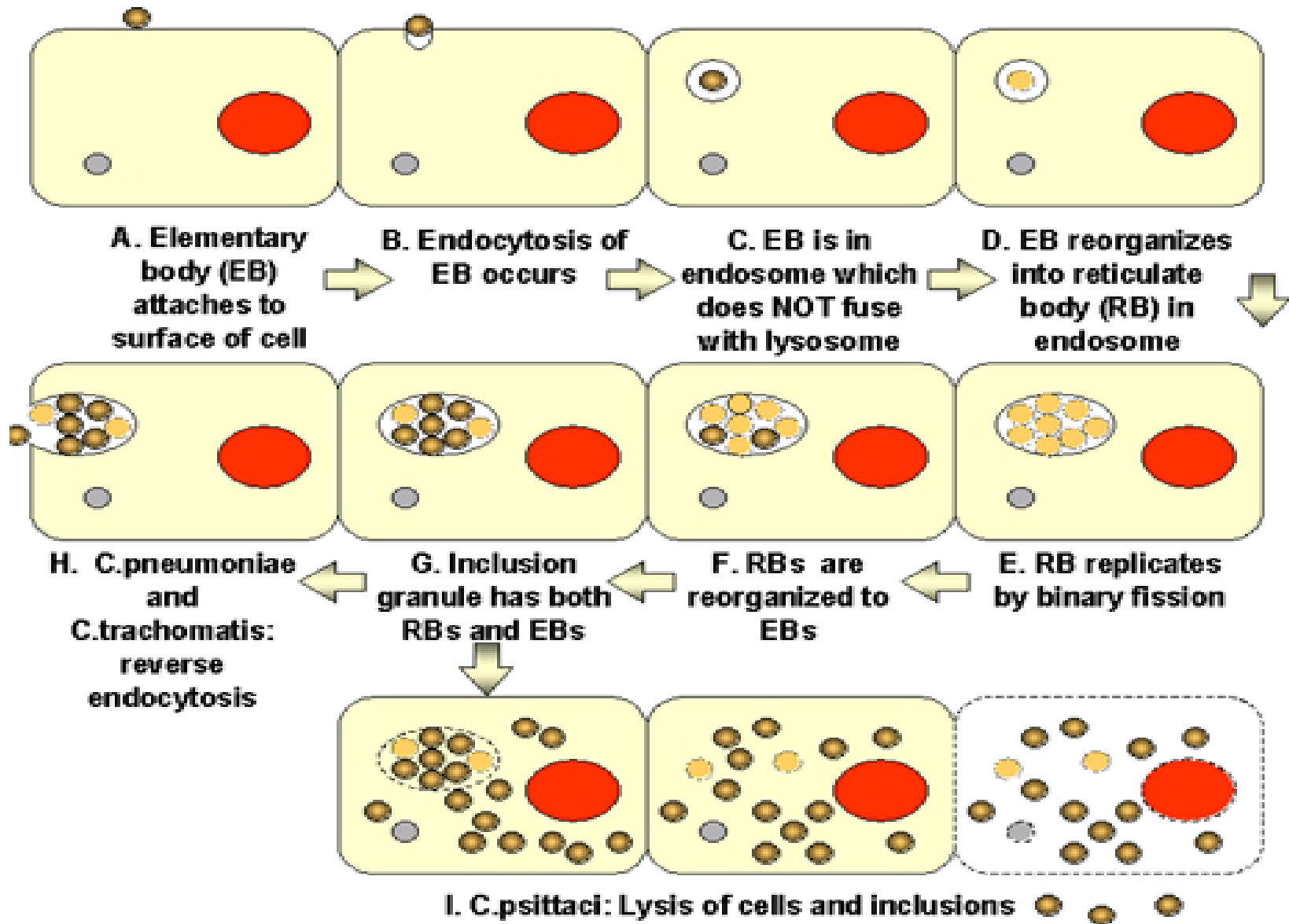
detection of DNA

culture (special cell culture)

# CHLAMYDIA THE EFFECTS



## The developmental cycle of Chlamydia





## Adult Chlamydial Conjunctivitis



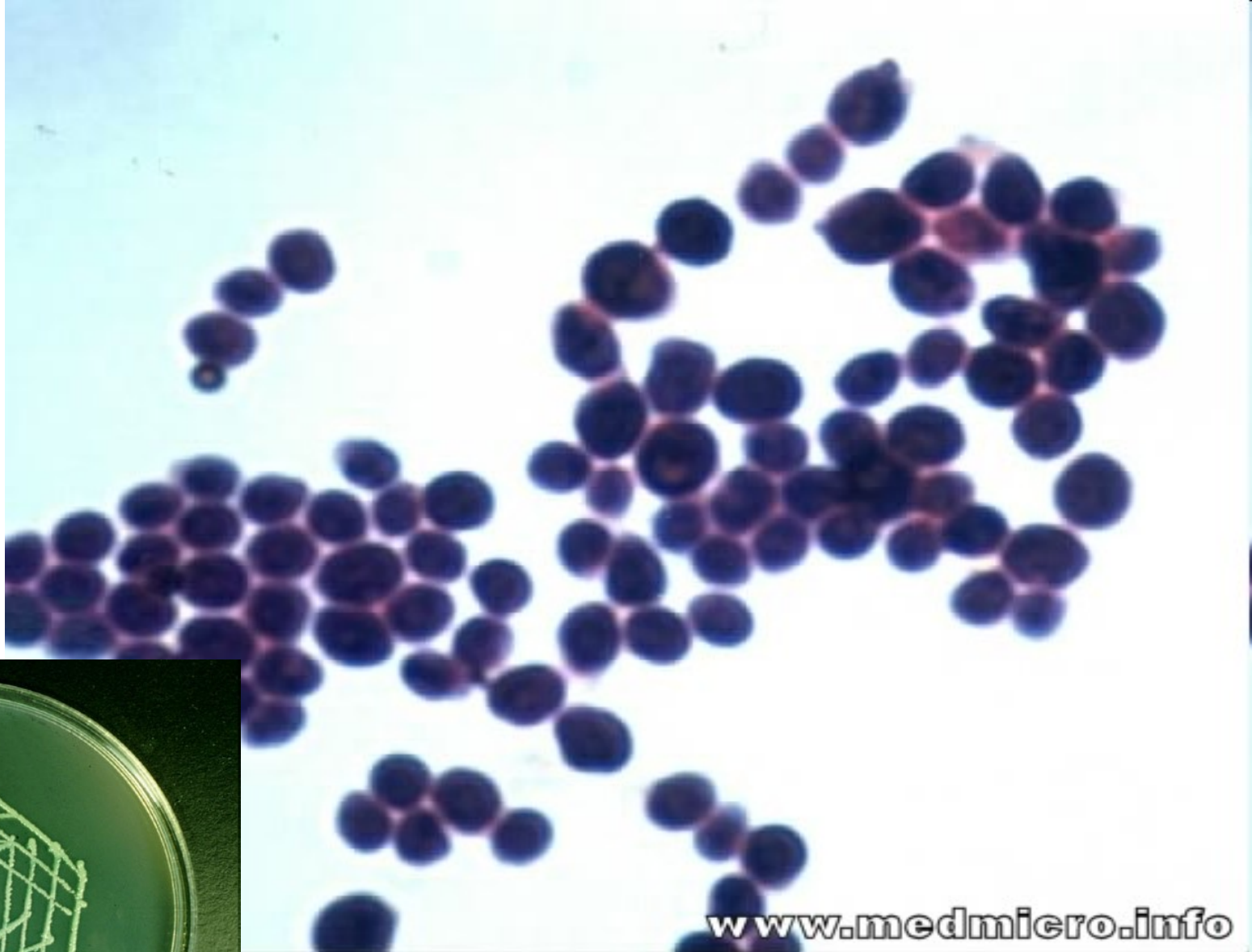


# Yeasts

***Candida albicans*** : balanoposthitis  
: vaginal mycosis

**Therapy:** topical imidazoles (clotrimazole)  
systemic triazoles (fluconazole)

**Lab. dg:** microscopy  
culture (Sabouraud agar)

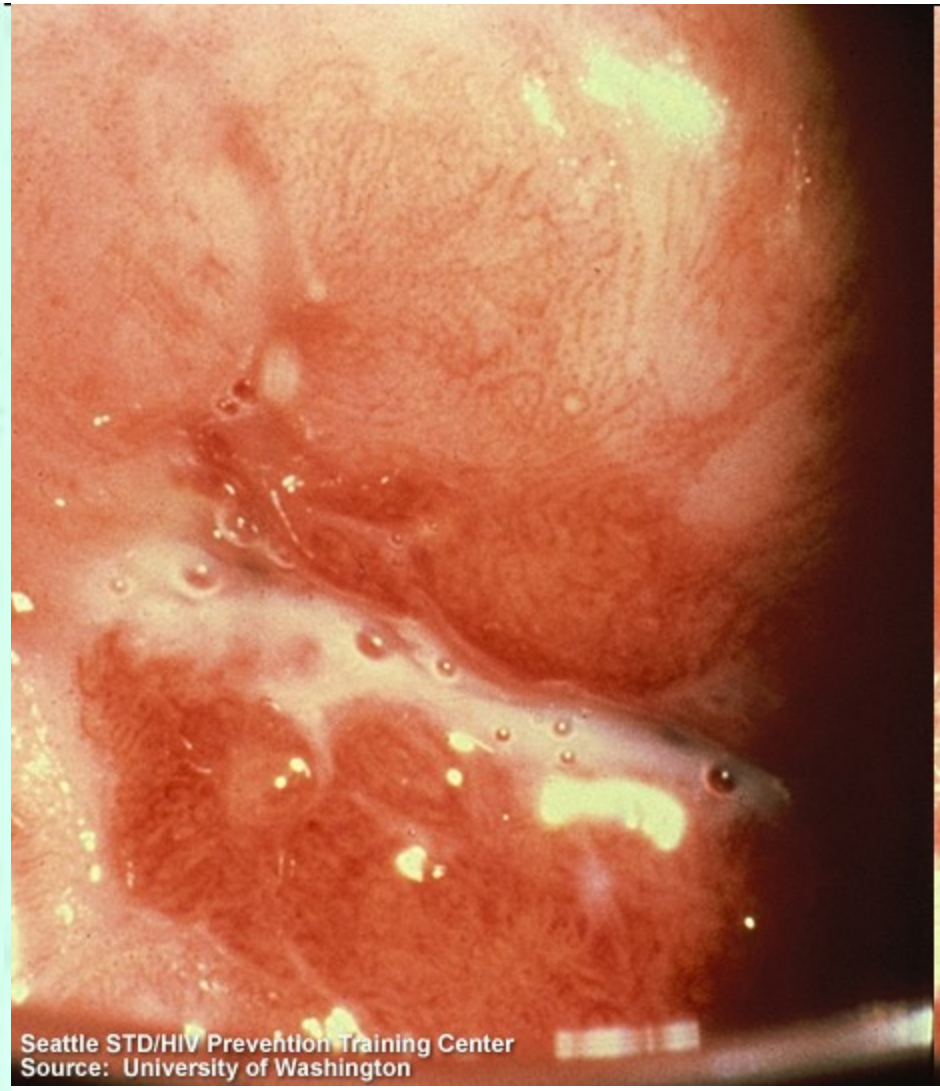


[www.medmicro.info](http://www.medmicro.info)



[www.medmicro.info](http://www.medmicro.info)

# *Trichomonas vaginalis*



© CDC

Seattle STD/HIV Prevention Training Center  
Source: University of Washington

<http://depts.washington.edu>

# Trichomonads



***Trichomonas vaginalis*** (a flagellate)

: asymptomatic carriers

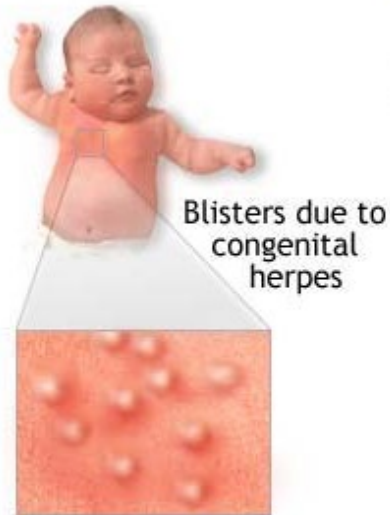
: **vaginitis**, cervicitis, urethritis

**Therapy:** metronidazole (both partners)

**Lab. dg:** **microscopy** (wet mount, Giemsa stained film) & **culture** on special media

# Viral agents of STD – HSV 2

Mother with active herpes infection (although active infection may not be apparent)



ADAM.

**Herpes simplex virus 2**

**& : herpes genitalis**

**Therapy: acyclovir**

**Lab. dg:**

- **PCR**
- **serology (primary infection)**

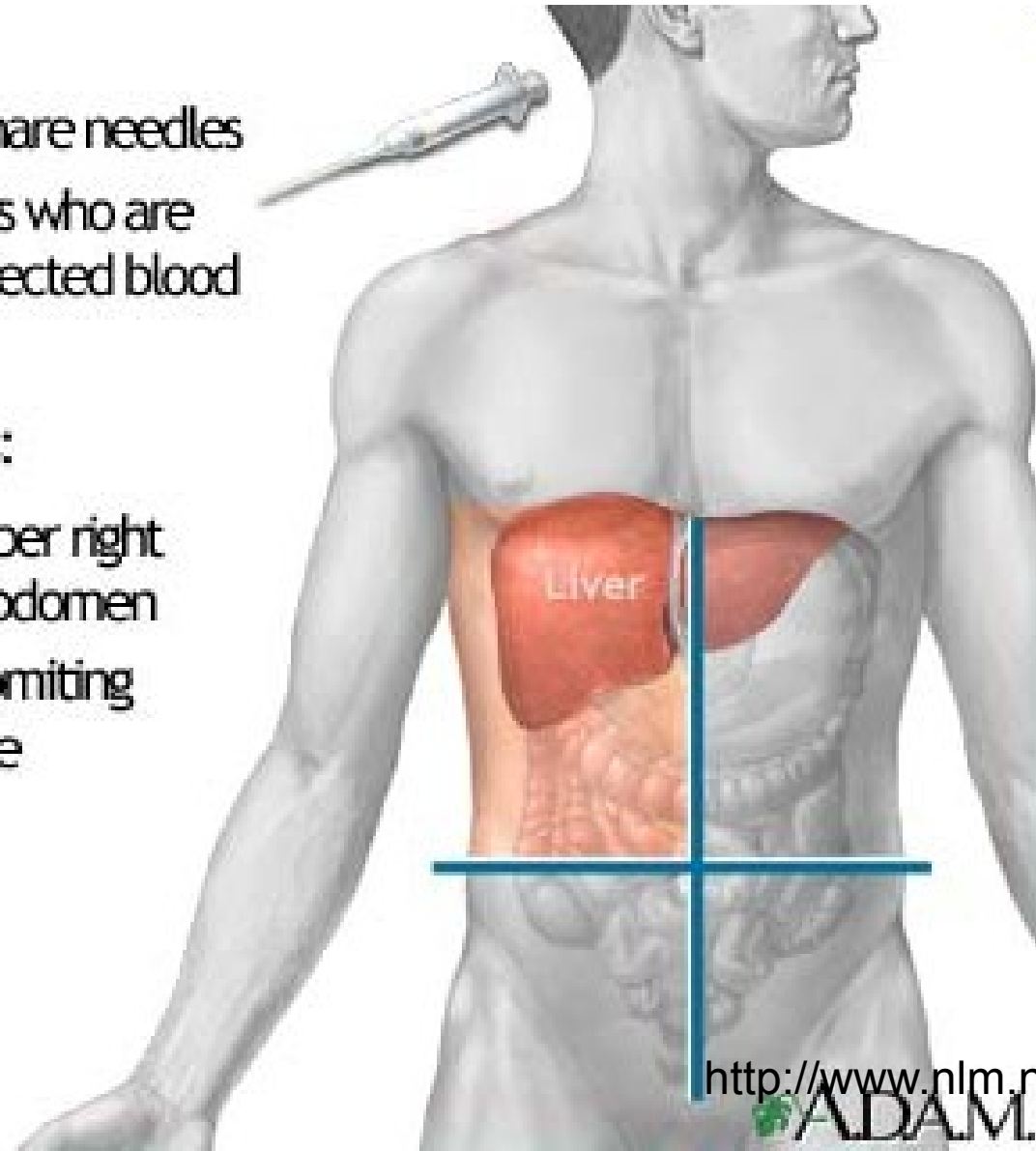
# Hepatitis B, C (VHB, VHC)

## Risk factors:

- people who share needles
- health workers who are exposed to infected blood

## Possible symptoms:

- pain in the upper right quadrant of abdomen
- nausea and vomiting
- loss of appetite
- jaundice
- fatigue
- itching



## Hepatitis C virus

& : **viral hepatitis C**,  
acute and **chronic**

### **Lab. dg:**

- detection of viral RNA
- detection of **antibodies**  
(anti-HCV)

## Hepatitis B virus

& : **viral hepatitis B**, acute  
and chronic

**A recombinant vaccine (HBsAg)**

### **Lab. dg:** markers

HBsAg, anti-HBs

HBeAg, anti-HBe

X anti-HBc

**HBV DNA**



# Viral agents of STD – HIV

**Human immunodeficiency virus (HIV-1 and HIV-2)**  
& : **AIDS** (acquired immunodeficiency syndrome)

**Therapy: combination** of antiretrovirals  
(HAART = highly active antiretroviral treatment)

**Lab. dg:** detection of **antibodies + Ag**  
(& confirmation of positive findings)  
special tests: viral load

# Parasitic agents of STD

***Sarcoptes scabiei*** (itch mite)

& : **scabies** (mange)

**Therapy:** antiscabiotics  
(permethrine, lindane)

**Lab. dg:** microscopy from skin

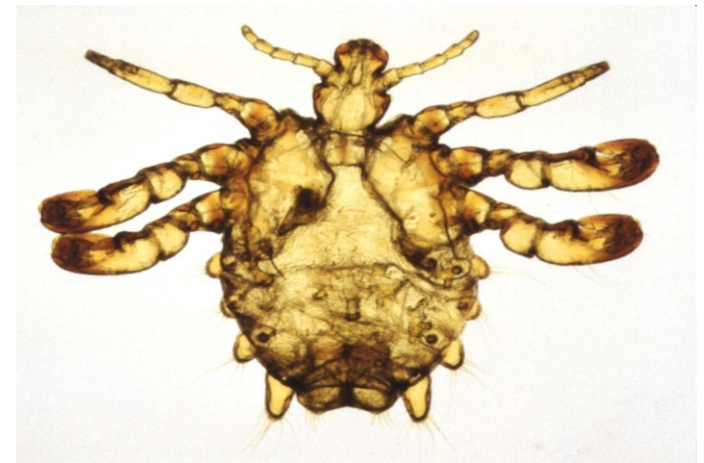


***Phthirus pubis*** (pubic louse, crab louse)

& : **pediculosis pubis**  
(phthiriasis)

**Therapy:** lindane

**Lab. dg:** demonstration of lice or eggs



Jacques-Louis David  
(1748-1825):  
**Death of Marat** (1783)

- **Jean Paul Marat**, murdered by Charlotte Corday in 1793, was initially a physician
- He was run through when taking a bath for treatment his skin disorder (probably dermatitis herpetiformis Dühring)

