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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

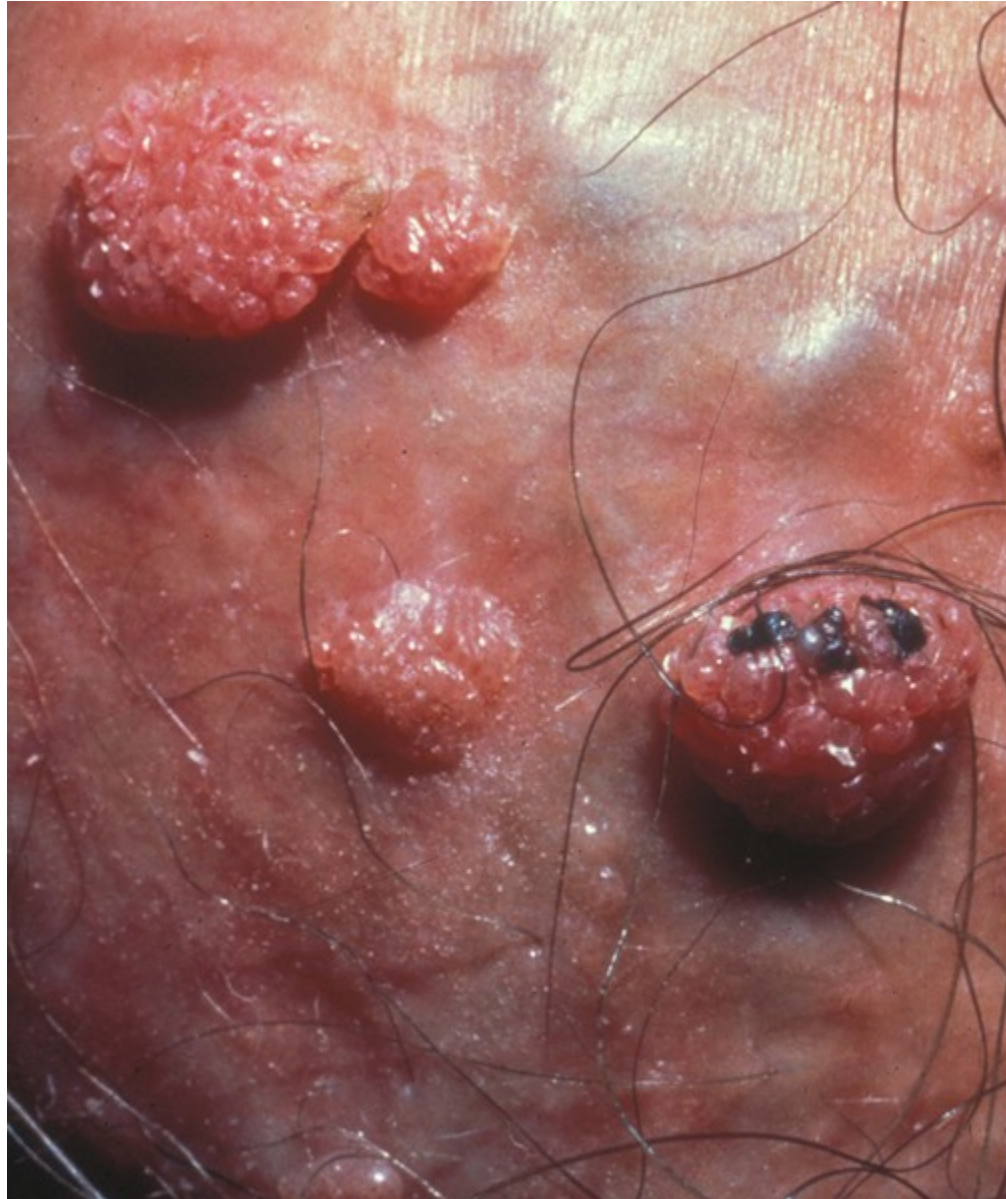
The **most frequent** agent of genital infections

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

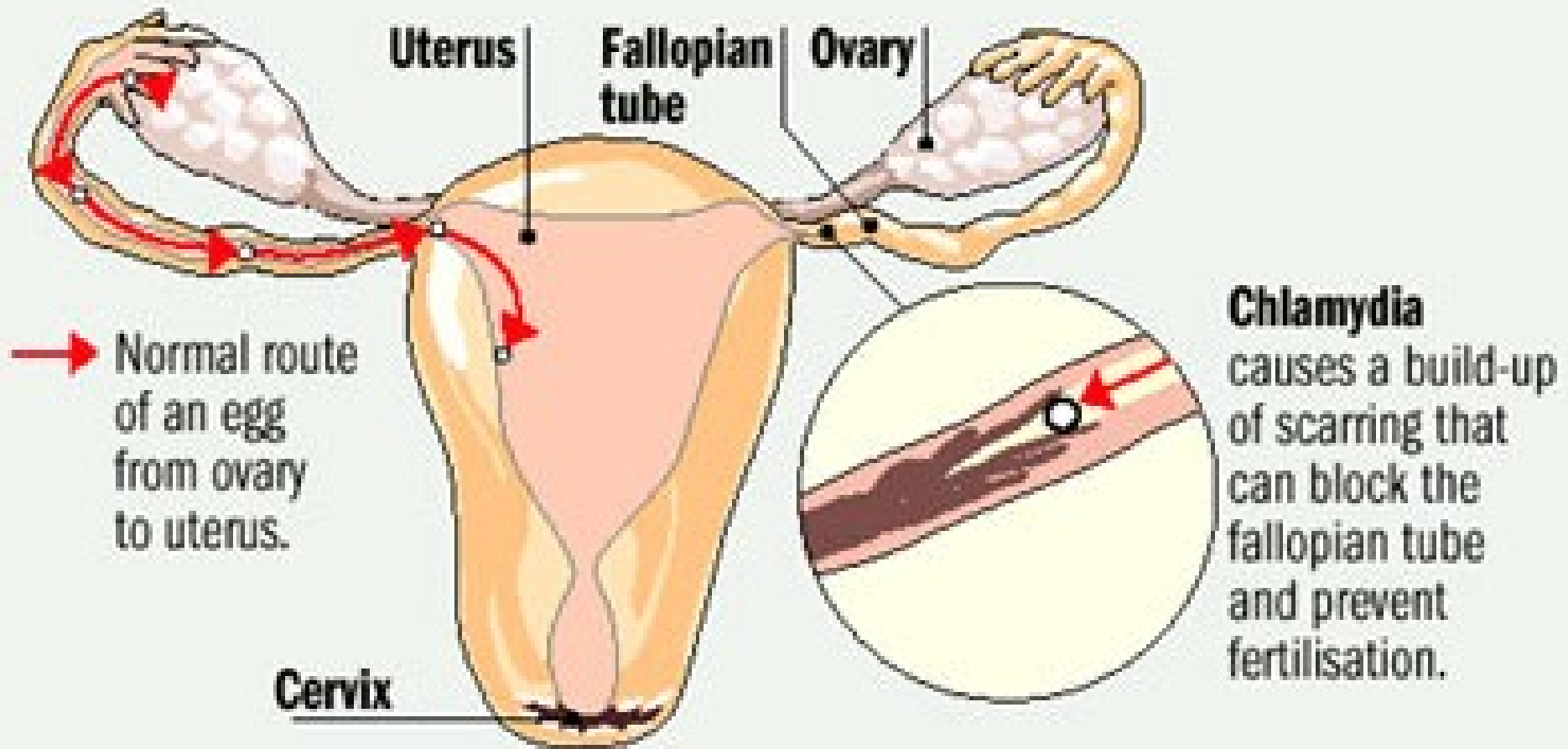
Therapy: macrolides and tetracyclines

Lab. dg: direct: detection of antigen

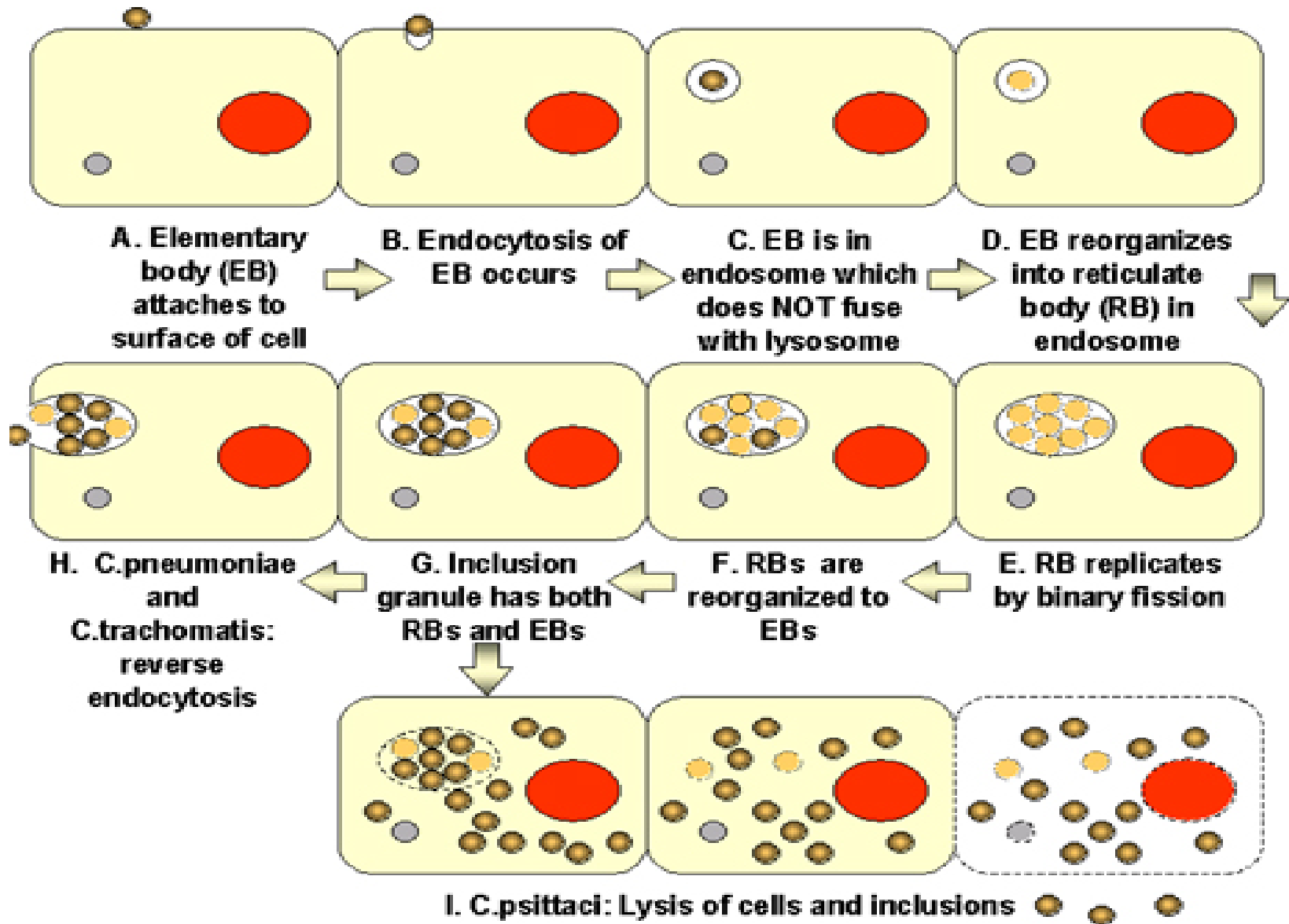
detection of DNA

culture (special cell culture)

CHLAMYDIA THE EFFECTS



The developmental cycle of Chlamydia



Adult Chlamydial Conjunctivitis

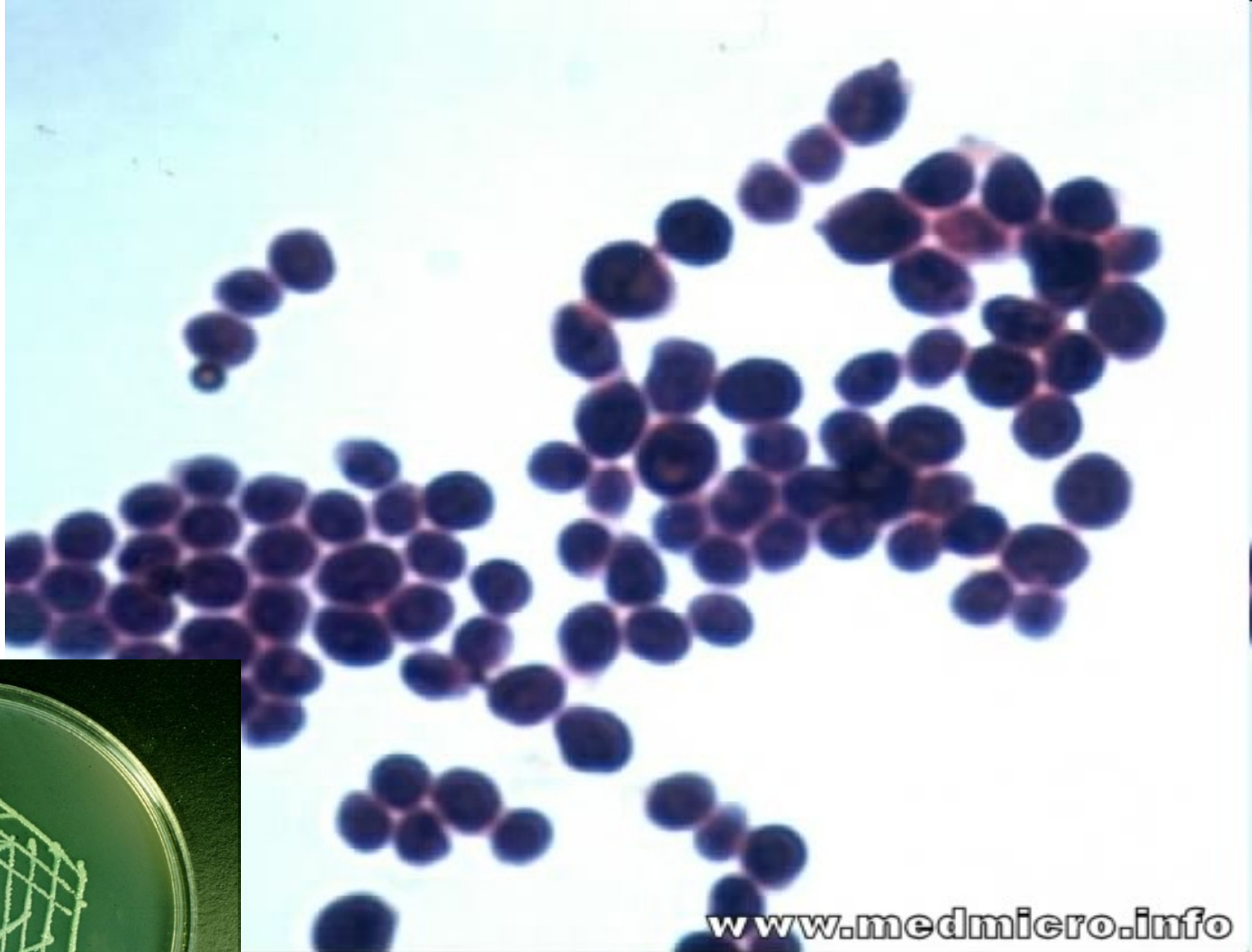


Yeasts

Candida albicans : balanoposthitis
: vaginal mycosis

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

Lab. dg: microscopy
culture (Sabouraud agar)

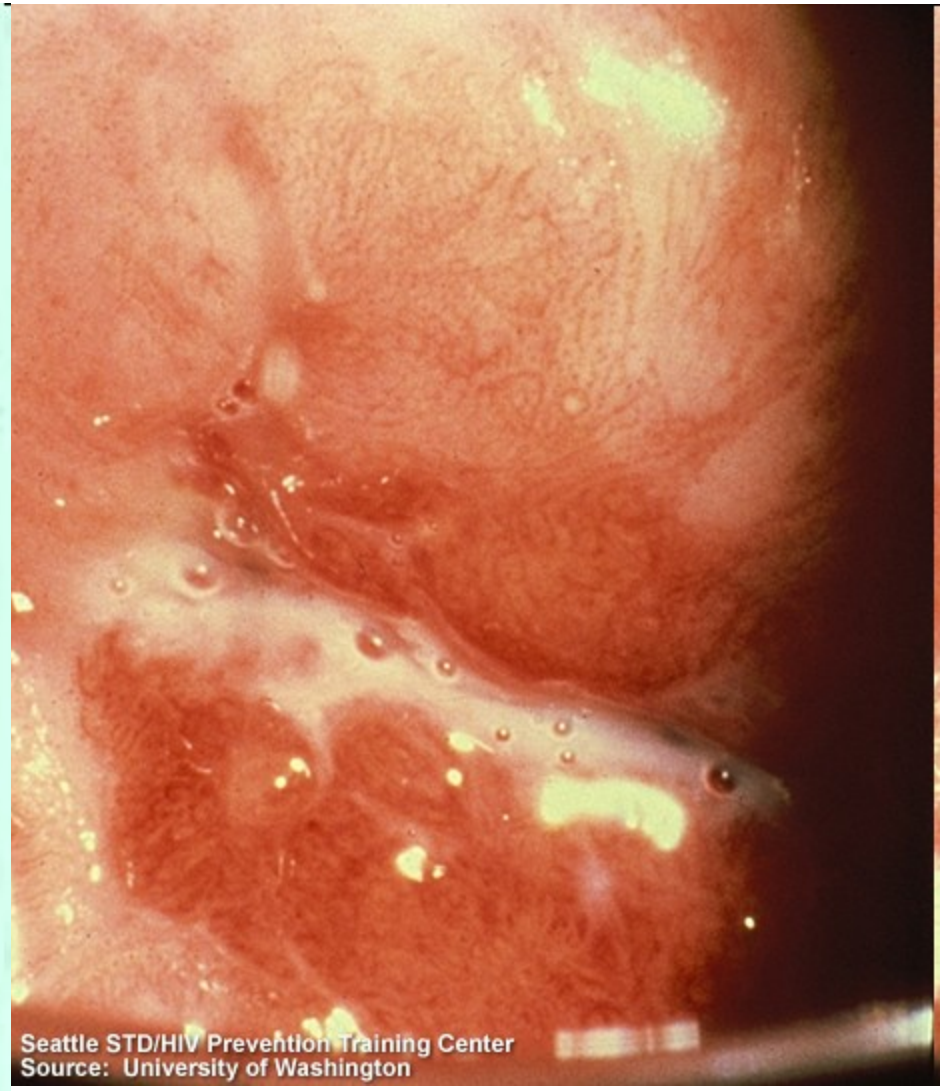


www.medmicro.info



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

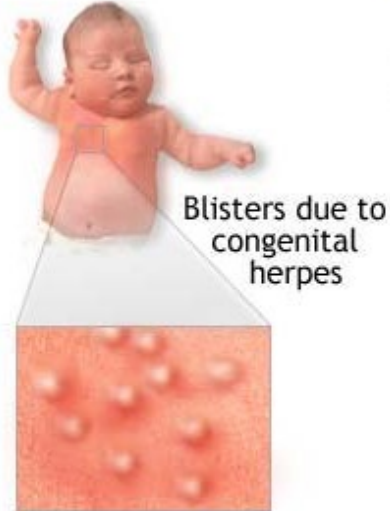
: **vaginitis**, cervicitis, urethritis

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)**

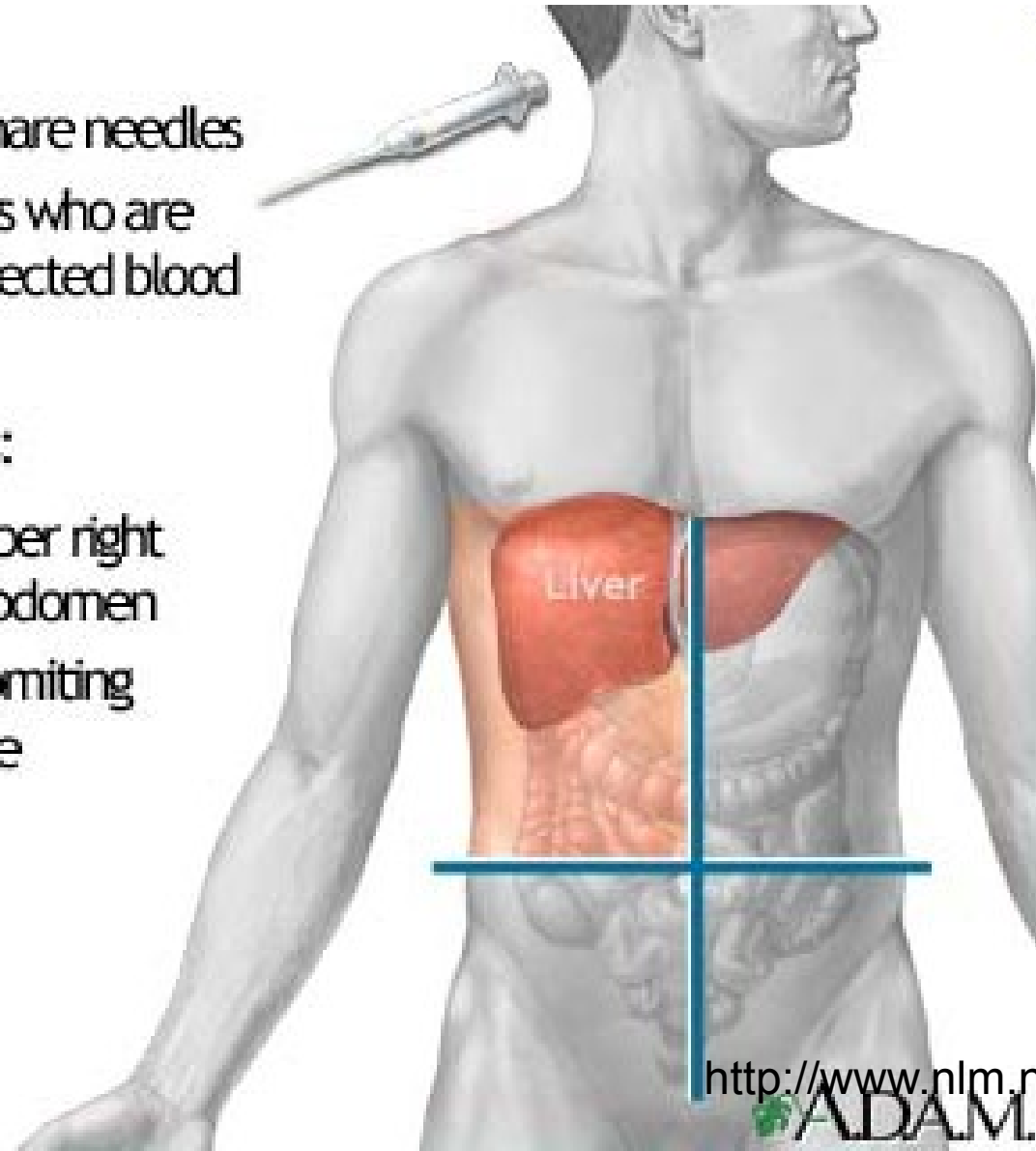
Hepatitis B, C (VHB, VHC)

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

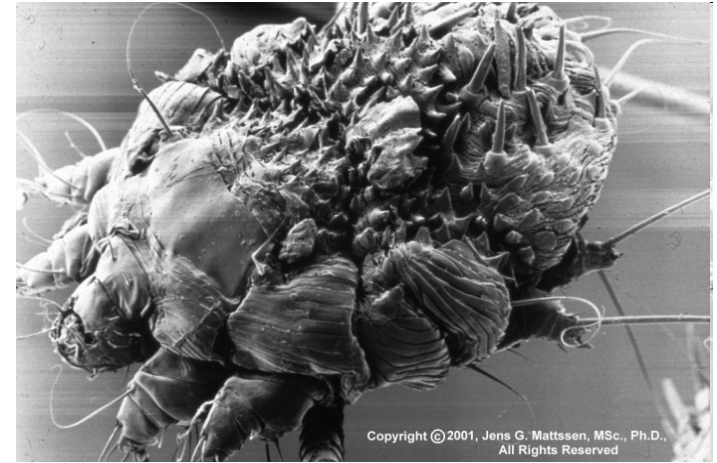
Parasitic agents of STD

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)

