



Gynecology

Genital tract infections

University of Fallujah
College of medicine



Lecture : 2

Stage : 5th

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Department : Obstetrics &gynecology

Date :

LEARNING OBJECTIVES

- Understand the importance of sexually transmitted infections (STIs) in gynaecology.
- Describe the testing, diagnosis and transmission of common STIs and blood-borne viruses (BBVs).
- Understand that support is needed for patients to enable them to undertake screening.

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Herpes simplex:

Caused by Herpes simplex virus type I (orolabial/genital) or type II (usually genital).

Clinical features:

- Painful vesicles and multiple ulcerations on vulva.
- urine retention due to vulvitis and pain.
- flu-like illness +/- inguinal lymphadenopathy.





▶ **Diagnosis**

- ▶ • Usually from appearance of the typical rash.
- ▶ • PCR testing of vesicular fluid (most sensitive—gold standard).
- ▶ • Culture of vesicular fluid.
- ▶ • Serum antibody tests are of no use for diagnosing primary herpes.

▶ **Treatment**

- ▶ • Symptomatic relief with simple analgesia, saline bathing,
- ▶ and topical anaesthetic.
- ▶ • Oral aciclovir (200mg 5x day for 5 days), double dose/length if immunosuppressed.
- ▶ • Topical aciclovir is not beneficial.

▶ **Complications of HSV infection (usually of primary infection)**

▶ • Meningitis.

▶ • Sacral radiculopathy—causing urinary retention and constipation.

▶ • Transverse myelitis.

▶ • Disseminated infection

▶ Human papillomavirus Human papillomavirus

- ▶ • DNA virus, many subtypes.
- ▶ • Subtypes 6 and 11 cause genital warts (condylomata acuminata).
- ▶ • 25% of people presenting with warts have other concurrent STIs.
- ▶ • Subtypes 16 and 18 associated with CIN and cervical cancer.

▶ **Clinical features:**

- ▶ Warty lesions(painless lump) on the vulva, vagina, cervix and
- ▶ perianal area.
- ▶ Also seen around mouth, lips and larynx if there is orogenital
- ▶ contact.







▶ **Diagnosis:**

- ▶ -Clinical appearance of the lesion.
- ▶ -Histology of removed wart.
- ▶ -Seen on cervical smear and colposcopy.

▶ Treatment for genital warts

▶ -High rate of recurrence due to the latent virus in the surrounding epithelial cells.

▶ -Removal of the visible wart by:

▶ - *Surgical excision.*

▶ - *Laser.*

▶ - *Cryotherapy.*

▶ - *Electrosurgery.*

▶ - *Trichloroacetic acid.*

- ▶ - *podophyllotoxin cream or solution*: this is self-applied and must be used for about 4–6wks.
- ▶ - *Imiquimod cream*: this is also a self-applied immune response modifier. It may need to be used for up to 16wks.

▶ **Implications in pregnancy**

- ▶ • Genital warts tend to grow rapidly in pregnancy, but usually regress after delivery.
- ▶ • Very rarely, babies exposed perinatally may develop laryngeal or genital warts.
- ▶ • Not an indication for CS.

▶ **Syphilis**

▶ • Caused by *Treponema pallidum* (spirochaete).

▶ **Clinical features**

▶ *Primary syphilis:*

▶ -Painless ulcer on vulva, vagina or cervix

▶ -inguinal lymphadenopathy.



Te Whatu Ora

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▶ *Secondary syphilis*

- ▶ • Occurs within the first 2yrs of infection.
- ▶ • Generalized polymorphic rash affecting palms and soles.
- ▶ • Generalized lymphadenopathy.





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▶ *Tertiary syphilis*

- ▶ • *Neurosyphilis* : meningitis, stroke, tabes dorsalis and dementia.
- ▶ • *Cardiovascular syphilis*: commonly affecting the aortic root.

▶ **Diagnosis**

- ▶ • Specific treponemal enzyme immunoassay (EIA) for screening (IgG + IgM).
- ▶
- ▶ • Quantitative cardiolipin (non-treponemal) tests, i.e. rapid plasma reagin (RPR)/VDRL are useful in assessing need for and response to treatment

▶ Treatment

- ▶ • *Depends on penicillin allergy:*
- ▶ • benzathine benzylpenicillin 2.4 MU single dose IM
- ▶ (used in pregnancy)
- ▶ • doxycycline 100mg bd PO for 14 days (contraindicated in pregnancy),
- ▶ • erythromycin 500mg qds PO for 14 days (used in pregnancy).
- ▶ • Treatment courses are longer in tertiary syphilis.
- ▶ • Contact tracing .



▶ **Genital tuberculosis**

▶ Caused by *Mycobacterium tuberculosis*

▶ Usually following pulmonary tuberculosis through blood and lymphatics.

▶ *Clinical features:*

- ▶ -Amenorrhoea (affects endometrium)
- ▶ -Infertility (affects tube)
- ▶ -Acute/chronic pelvic pain
- ▶ -Frozen pelvis due to severe multiple adhesions.

▶ *Diagnosis:*

- ▶ -Histological confirmation from endometrium and fallopian tube
- ▶ -Mantoux test
- ▶ -Heaf test.
- ▶ -Chest x-ray.



▶ *Treatment:*

▶ Rifampicin ,isoniazid and Pyrazinamide.

▶ Treatments may last from six to 12 months.

▶

Thank You

The text "Thank You" is rendered in a highly decorative, cursive font. The letters are filled with a vibrant red color and outlined with a thick, metallic gold border. The text is embellished with clusters of realistic red roses and green leaves. Two white doves are depicted in flight, one positioned above the letter 'h' and the other above the letter 'o'. The entire graphic is set against a white background with a subtle gradient and a soft drop shadow. On the right side of the image, there is a decorative geometric pattern consisting of overlapping triangles in various shades of blue, ranging from light sky blue to a deep navy blue.