



# SEXUALLY TRANSMITTED INFECTIONS ( STI )

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# STI's

- 12 million new cases annually
- Major cause of chronic pain, ectopic pregnancies, and infertility

# Chlamydia Trachomatis

- Most prevalent STI in U.S.
- 4 million / yr., peak incidence 15-19 yo
- 15-19yo CDC recommends routine screening for asymptomatic and sexually active
- 20-24 yo if inconsistent barrier contraceptive user or new partner or >1 partner in last 3 mo.
- >24 screen if both above criteria

# Chlamydia

- Dx: cell culture or DNA probe
- Tx: Doxycycline 100mg bid x 7 d
- Azithromycin 1 gm
- alternatives: erythromycin or ofloxacin
- treat partner or have them evaluated

# Gonorrhea

- 800,000 cases /yr., SE U.S. highest
- Annual screen if prostitute, repeated GC, <25 + >1 sex partners in last yr.
- If + test screen for other STI's
- Dx: gram stain, DNA probe
- Tx: 125mg Ceftriaxone IM

## Tx Gonorrhea cont...

- Single po dosing: Ofloxacin 400mg, Ciprofloxacin 500mg, Norfloxacin 800mg, Trovafloxacin 100mg, Cefixime 400mg, Azithromycin 2gm
- Spectinomycin 2 gm IM

# Syphilis

- 100,000 cases /yr.
- Peak incidence in 1990 with concurrent surge in crack cocaine
- *Primary*- genital chancre , non-painful, self-healing 4-8 weeks
- *Secondary*- skin rash 6-12 weeks post infection, generalized sx, flexor /volar surfaces

# Syphilis cont...

- *Late/ tertiary- 3-25 yrs out, CNS/ Cardiovascular lesions*
- *Dx: RPR/VDRL, MHA-TP, Dark field microscopy*
- *Tx: primary/secondary: Benzathine PCN 2.4 mill IM*
- *Tertiary: repeat weekly dose x3*

# Herpes Simplex Virus

- 200,000-500,000 new cases /yr
- 30 mill. infected with virus
- Painful oral/genital vesicular eruption
- Dx: cell culture, Tzanck prep
- Tx: Acyclovir 200-400mg 5x/d x 7-10d,  
Famciclovir 250mg tid, valacyclovir 1 gm/d
- Recurrent tx: up to 5 days

## HSV cont...

- Daily suppressive: >5 outbreaks /yr:  
Acyclovir 400mg bid, Famciclovir 250mg bid, Valacyclovir 500mg qd
- Pregnancy considerations: intrapartum vertical transmission Primary = 40% ,  
Recurrent = 4%
- If intrapartum lesion---> C/S

# Human Papilloma Virus

- 1 mill. cases/yr.
- 24 mill. infected-major cause of cervical dysplasia/ cancer
- Viral types: 6,11- condyloma + LGSIL
- 16,18,31,33,35,50's- HGSIL + cancer
- Tx: Condylox pt. self-administered BID for 3 d and stop for 4 d x 4 weeks

## HPV Tx. cont...

- Imiquimod 5% 3x /wk up to 16 weeks
- TCA, Podophyllum 20% (not in preg.), Interferon 2alpha, laser ablation, cryotx.
- May expand rapidly in pregnancy
- Vaginal delivery unless obstructive lesions

# HIV

- Heterosexual rates rising
- Dx: enzyme immunoassay (ELISA) x 2
- Western blot, PCR are confirmatory
- Pregnancy: vertical transmission 24%
- Treatment in pregnancy with Zidovudine(AZT) reduces rate to 8%

# Pelvic Inflammatory Ds.

- 1 mill. Cases/yr.
- Polymicrobial, 70% either chlamydia/GC
- Major diagnostic criteria: must have all 3
  - Abdominal pain
  - CMT
  - Adnexal tenderness(usually bilat.)
- Minor criteria: elevated ESR, mucopus, elevated WBC, fever

## PID cont...

- Tx outpt: 125 mg Rocephin IM + 100mg doxycycline BID x 14 d
- repeat pelvic exam 48-72 hr
- Tx inpt criteria: uncertain dx, TOA, pregnancy, adolescent, +HIV, n/v precludes po meds, uncertain compliance failed outpt. tx

## PID cont...

- Inpt. Tx: A: Cefoxitin 2 gm IV q 6 or Cefotetan 2 gm IV q 12  
+ Doxycycline 100mg q 12  
B: Clindamycin 900mg IV q 8 + Gentamycin 2mg/kg load then 1.5 mg/kg q 8. Single daily dosing may be used.
- Tx for at least 4 d *and* 48 hours afebrile and finish 14 d of doxycycline