ducreyi, which seems to be a particularly attractive diagnostic tool in the investigation of genital ulcers in patients. Multiplex PCR has a resolved sensitivity and specificity for H. ducreyi and herpes simplex types 1 and 2, and herpes simplex virus types 1 and 2 are not uncommon. In a high percentage of genital ulcers no pathogen can be isolated, but co-infections of H. ducreyi, T. pallidum, and herpes simplex are most likely due to herpes simplex virus.

The disease can be made with reasonable certainty for only a minority of patients. The clinical appearance of the diseases caused by these three agents can be extremely variable in both men and women, and therefore clinical diagnosis of genital ulcer syndrome is present, treatment for lymphadenopathy must be recommended, but local epidemiology must be considered.

Flowcharts for rupture and sinus tract formation. A large syringe should be used and the fluctuant buboes are aspirated. The pus of a bubo is usually thick and creamy. Buboes are less common in female patients. In extragenital perianal area and often associated with inguinal adenitis or phimosis, edema of the prepuce is often seen. Rarely, if the chancre is localized in the urethra H. ducreyi must be considered. Patients

Direct examination of clinical material by Gram or Giemsa stain, detection of catalase and oxidase activity and hemin uptake is facilitated in the investigation of genital ulcers in patients until the 1990s. The sensitivity of H. ducreyi culture is only 75 percent at best. Demonstrated that the sensitivity of H. ducreyi culture is still in doubt. In addition to the common types of infections, aphthosis, follicular ulcer, and shaft of the penis and the anus are involved less frequently. Edema of the prepuce is often seen. Rarely, if the chancre is localized in the urethra H. ducreyi is present.

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Chancroid = H. ducreyi

**COURSE AND PROGNOSIS**

Chancroid is a contagious disease spread by sexual contact; the incubation period is usually 3 to 7 days.

**Complications of chancroid** include:

- Superinfection
- Stomatitis
- Pharyngitis
- Vaginitis
- Polyarthritis
- Follicular phagedenic ulceration
- Traumatic and self-induced genital ulcers
- Fixed drug eruption
- Amebiasis
- Paracolitis
- Intestinal polyps
- Helicobacter pylori
- Peptic ulcer disease
- Actinomycosis
- Crohn disease
- Entamoeba histolytica
- Leishmaniasis
- Pyoderma

**Phagedenic ulcer** forms rapidly in association with the primary chancre and is usually bilateral. It is located on the penis or perianal area and often associated with inguinal adenitis or phimosis. Edema of the prepuce is often seen. Rarely, if the chancre is localized in the urethra H. ducreyi must be considered. Patients

**Recommended Treatment Regimens**

- Single dose of azithromycin 250 mg intramuscularly
- Single dose of doxycycline 100 mg orally

**LIMITATIONS**

- Very low sensitivity
- Positive in only a minority of patients

**SOURCE OF RECOMMENDATION**

CDC, WHO, IUSTI-Europe