Chancroid

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In a high percentage of genital ulcers no pathogen can be isolated, but co-infections of H. ducreyi, T. pallidum, and herpes simplex types 1 and 2 are also observed.

For example, trimethoprim-sulfamethoxazole has a resolved sensitivity and specificity for H. ducreyi of 99 percent and 98 percent, respectively. But sensitivity and specificity values are low—10 percent to 63 percent and 51 percent to 99 percent, respectively.

In general, the disease is self-limited, and systemic spread does not occur. Occasionally, without treatment, the disease can be complicated by pyoderma gangrenosum, which may spread to distant sites (kissing ulcers and/or bubo formation). The disease may spread without apparent external trauma, presumably from lymphatic dissemination (e.g., from the perineal skin to the vulvae or rectum).

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Chancroid is the most frequent complaint. If no clinical improvement is evident 1 week after the start of therapy, incorrect diagnosis, co-infection with another organism, concomitant HIV infection, poor compliance with the therapy regimen, or a resistant strain of H. ducreyi should be considered.

In about half of untreated patients, the course is that of spontaneous resolution without complications. When treatment is delayed, various complications may occur (Table 202-2). In the differential diagnosis of genital ulceration, chancroid should be considered if the patient is an HIV-positive patient who has had recent high-risk sexual activity, in the geographic area where chancroid is common (e.g., Africa, the Caribbean, and Southwest Asia), and if there is a recent history of drug use (e.g., injection drug use). In addition, it is important to consider other sexually transmitted infections (e.g., syphilis, gonorrhea, and HIV) and other causes of genital ulceration (e.g., genital herpes and leishmaniasis).

Therapy should be initiated if a genital ulcer is observed. Treatment should be for syphilis and HIV infection, if present. Bacterial sexually transmitted infections: 
- Chancroid 
- Gonorhea 
- Syphilis 

The standard recommendation is a single 250-mg dose of oral ciprofloxacin or erythromycin. However, patients should be instructed that the initial signs and symptoms of chancroid may not be apparent for 1 or 2 days after therapy begins. A failure to respond to ciprofloxacin or erythromycin at this time should prompt investigation of alternative causes of ulceration.

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