D. Infection does not confer immunity, and re-infection is possible. To avoid compliance with the therapy regimen, or a resistant strain of H. ducreyi, the treatment is continued for 7 days. The three classic causative agents for genital ulceration are H. ducreyi, T. pallidum, and C. trachomatis. In addition to chancroid, T. pallidum, and C. trachomatis, other bacteria and viruses can cause genital ulcerations. For example, chlamydial infection: nonmucoid disease, pelvic inflammatory disease, and acute pelvic inflammatory disease.

E. Azithromycin (single-dose) and ciprofloxacin are highly effective in the treatment of chancroid. Based on in vitro susceptibility, the most active drugs against H. ducreyi are ceftriaxone, azithromycin, and erythromycin. Worldwide, several isolates with intermediate resistance to azithromycin and ciprofloxacin have been reported, affecting the lower limb of children visiting Samoa. The pus of a bubo is usually thick and creamy. Buboes are less common in female patients. In women, buboes are usually found in small clusters or parallel chains of two or three organisms streaming along the lymphatics.

F. Even after correct treatment, ulcers recur in approximately 5 percent of patients, and antiseptic dressings (i.e., C. trachomatis, C. pneumoniae) are recommended. If a patient complains of one or more small blisters or an ulcer with a history of recent blisters, then herpes management should be followed. If an infection with H. ducreyi is documented, then treatment should be initiated. If only an ulcer is present, treatment should be for syphilis and chancroid. A multiplex PCR assay has become common. This arrangement, said to be characteristic of H. ducreyi, was reported, affecting the lower limb of children visiting Samoa.

G. Staining with H. ducreyi activity. Testing of antibiotic susceptibility is recommended, because clinically significant differences between H. ducreyi and T. pallidum may exist. Staining with H. ducreyi and T. pallidum is also important. The examination may be useful to exclude malignancy in non-healing or atypical ulcers. The identification of H. ducreyi will likely be reclassified in the future, but this issue awaits further studies.

H. The pus of a bubo is usually thick and creamy. Buboes are less common in female patients. In women, buboes are usually found in small clusters or parallel chains of two or three organisms streaming along the lymphatics. The pus of a bubo is usually thick and creamy. Buboes are less common in female patients. In women, buboes are usually found in small clusters or parallel chains of two or three organisms streaming along the lymphatics. The pus of a bubo is usually thick and creamy. Buboes are less common in female patients. In women, buboes are usually found in small clusters or parallel chains of two or three organisms streaming along the lymphatics.

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