

## Preface

---

In the last two decades, the spectrum and epidemiology of sexually transmitted diseases (STDs) has changed dramatically. This has created frequent diagnostic dilemmas for clinicians, since STDs enter into the differential diagnosis of many conditions. In addition, many STD syndromes have only recently been well-characterized and new diagnostic tests made available. The purpose of this manual is to assist practitioners in primary health care, family medicine, emergency medicine, and other specialties in the optimal management of patients with STD and their partners.

The manual is organized by disease syndrome (for example, vaginitis or urethritis) rather than by microorganism, since this more closely approximates clinical practice. Because many patients with STD may have few or no symptoms or have simultaneous infections involving more than one site, routine screening of patients and their partners is also emphasized. Algorithms are used, whenever feasible, as a step-by-step guide to diagnosis and treatment. Tables summarize the chief clinical features, laboratory tests, and treatment of the more common STDs.

## Acknowledgements

---

This project was made possible by a cooperative agreement with the Centers for Disease Control, grant number R30/CCR018398-02.

In addition, contractual funding provided to the Seattle STD/HIV Prevention Training Center by the CDC helped to support the development of many teaching materials that were instrumental in preparing the handbook. In particular, we would like to thank the following individuals for their invaluable help: Dr. Walter Stamm, who authored the first edition; Drs. T.M. Hooton, David Eschenbach, Anna Wald, David Spach and Negusse Ocbamichael, PA-C, who reviewed chapters; Wil Whittington, Ph.C. who reviewed the “Laboratory Diagnosis of STDs” appendix; H. Hunter Handsfield, MD, Director, Sexually Transmitted Disease Control Program, Seattle-King County; and the many physicians and clinicians who serve as faculty of the Seattle STD/HIV Prevention Training Center. We would also like to thank Susan M. Kaetz, MPH, Maryann B. Beirne, MS, and Jill A. Ashman, MS, who were involved in the first edition of the handbook; Cynthia Fennell, MS, MT(ASCP) and Edie Wilch, MEd, who were involved in the second edition, as well as Barbara Macfadden, Michèle Savelle, and the production staff at the University of Washington Health Sciences Center for Educational Resources.

Connie L. Celum, MD, MPH  
Jeanne Marrazzo, MD, MPH  
Anne Meegan

## Image Credits

---

Connie Celum and Walter Stamm: 2, 10, 23, 26, 27, 29, 30, 33, 34, 35, 36  
UW HSCER Slide Bank: 1, 4, 6, 9, 11, 12, 13, 15, 16, 17, 28, 31, 32, 37, 38, 39, 40  
Jeanne Marrazzo: 7  
Negusse Ocbamichael: 3, 5, 8  
Claire E. Stevens: 18, 19, 21, 22, 24, 25  
Claire E. Stevens and Ronald E. Roddy: 20  
UW Seattle PTC: 14

Permission is granted by McGraw-Hill Book Company for use of Figures 90-1, 90-2, 90-3, 90-5, and 90-6 from Wilson, et al., *Harrison's Principles of Internal Medicine*, 11th Edition; copyright 1987 by McGraw-Hill. These are used herein as Figures 2-1, 3-1, 4-2, 5-1, and 9-1. McGraw-Hill makes no representations or warranties as to the accuracy of any information contained in the McGraw-Hill material, including any warranties of merchantability or fitness for a particular purpose. In no event shall McGraw-Hill have any liability to any party for special, incidental, tort or consequential damages arising out of or in connection with the McGraw-Hill material, even if McGraw-Hill has been advised of the possibility of such damages.

# Introduction

## STD SYNDROMES

Once a routine screening history and physical examination are obtained, it should be possible to tentatively classify patients according to their signs and symptoms into one of several clinical syndromes (Table i). For those patients who are asymptomatic and have a normal exam, it is generally necessary to wait for results from the laboratory in order to direct treatment.

**TABLE i**

**CLINICAL SYNDROMES - FEMALE**

Vaginitis  
Cervicitis  
Urethritis/UTI  
Lower abdominal pain/PID  
Genital ulcers (inguinal adenopathy)  
Nonulcerative genital skin lesions  
Proctitis/Enteritis  
Acute arthritis

**CLINICAL SYNDROMES - MALE**

Urethritis  
Epididymitis  
Genital ulcers (inguinal adenopathy)  
Nonulcerative genital skin lesions  
Proctitis/Enteritis  
Acute arthritis

Identifying a tentative clinical syndrome helps narrow the number of possible pathogens that could cause the infection. The next step is to establish the specific cause of the patient's symptoms. Algorithmic approaches to specific etiologic diagnoses for each of the syndromes are presented in Figures 2-1 to 9-1. The recommendations for empiric management outlined in the algorithms should be followed while waiting for laboratory confirmation of a diagnosis. They may also suggest that additional historical data or laboratory tests are necessary.

Each patient presenting with a possible STD should have a clearly-stated clinical assessment that summarizes both the clinician's interpretation of the patient's subjective information and the clinician's objective information. A management plan should be formulated for each patient, including a specific listing of diagnostic tests and therapeutic interventions. The management plan should clearly state which drugs and exact doses have been prescribed, and when the patient should return for follow-up. A specific management plan for the patient's sexual partners should also be listed.

## Treatment of Specific STD

The STD treatment regimens recommended by the Centers for Disease Control and Prevention are included in the discussion of each syndrome. For a more detailed discussion of these regimens and other treatment considerations, please refer to <http://www.cdc.gov/std/treatment/>.