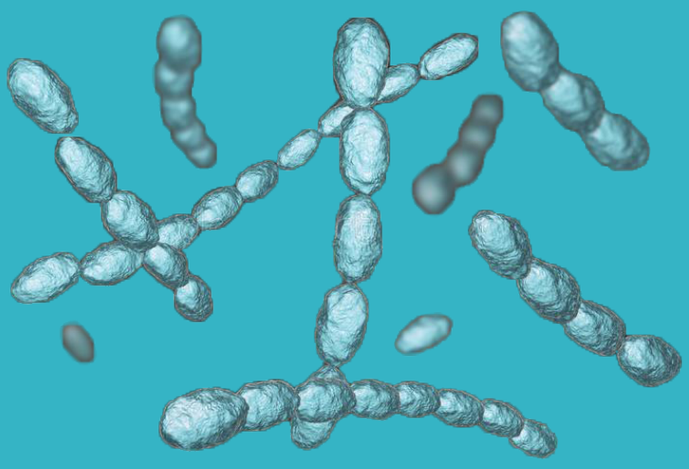

Genital Ulcer Disease

MANAGEMENT SUMMARY

In Aotearoa New Zealand, genital ulcer disease due to sexually transmitted infection (STI) is largely confined to:

Herpes Simplex Virus **Syphilis**

Tropical causes of genital ulcer disease such as chancroid or lymphogranuloma venereum are RARE. Consider if there has been an overseas sexual contact in an endemic region or with someone from a high-prevalence population group. Some ulcerative lesions are due to nonsexually acquired dermatological conditions.

Patient Complains of Genital Sore(s) or Ulcer(s)

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Are the lesions on examination
Multiple vesicles; or tender, shallow ulcerations; +/- inguinal adenopathy?

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Yes

Tests

- Viral swab for herpes simplex virus (HSV)PCR from the lesion.
- Syphilis serology should be routinely requested aslesions may be atypical (NB may be negative in early infection).

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Tests

- Valaciclovir 500 mg orally twice daily for 7 days
- +/- lignocaine gel and oral analgesia
- +/- salt baths

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No

- Larger typically solarity painless ulcers +/- unilateral non-tender enlarged rubberylymph node is more typical of primary syphilis.
- Other atypical lesions.
- Syphilis serelogy should be routinely requested (NB may be negative in early infection)
- Consider HSV PCR

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- Refer to or discuss with sexual health specialist for acute assessment.
- DO NOT give oral or topical treatments before specialistassessment.

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Tests

- Check HSV result and check for resolution of ulcers in 1 week.
- If HSV result positive, discuss diagnosis with patient. See herpes guideline.
- Partner notification is not necessary but diagnosis should be discussed with regular sexual contact/s.
- Offer full sexual health check if not already done.
- If HSV result negative and the lesions have resolved, then arrange to repeat the HSV test promptly if problem recurs.
- If HSV and syphilis results initially negative, and lesions have not resolved, repeat syphilis serology and refer to or discuss with a sexual health specialist.