



How I Manage

CHANCROID

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Chancroid caused by *Haemophilus ducrey* is one of the common genital ulcer diseases in STD clinics. The diagnosis is made essentially on clinical grounds and by exclusion of other STDs. Chancroid typically presents with multiple, painful, shallow, soft, dirty, easily bleeding, slough covered ulcers on the prepuce, glans, frenum, labia or vagina. The edge is often undermined and ragged. Within one week after the development of ulcers, the inguinal lymph nodes (usually unilateral) become enlarged, painful and tender and progress to suppuration to form unilocular abscess (Bubo).

An attempt is often made to demonstrate *H. ducrey* in the smear taken from the undermined edge of ulcers using a cotton-tipped Kutchi. It is gently rolled on a slide to get a uniform smear. Gram staining may show Gram-negative coccobacilli in clumps or in short chains of 5-20 bacilli (school of fish) intracellularly or extracellularly. DF microscopy of serum from the ulcer and a blood VDRL test are performed to exclude concomitant syphilis.

After making a clinical diagnosis of chancroid patient is given erythromycin base 500mg qid for 7 days or ciprofloxacin 500mg bid for 3 days. Those who can afford I prescribe oral azithromycin 1g as

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single dose.

If the 'bubo' is not fluctuant, only hot fomentation is recommended. If fluctuant, aspiration is done through healthy skin in a nondependent area near bubo using a wide bore needle. If pus recollects it is let out by incision and drainage of the bubo.

If chancroid ulcers develop underneath the prepuce an inflammatory phimosis develops with foul smelling and thick purulent subprepuccial discharge. In such cases in addition to erythromycin, oral metronidazole 200 mg tid and inj. benzyl penicillin 10 lakhs units IM 6 hourly are also administered. Subprepuccial irrigation with normal saline is also advised. If phimosis still persists a dorsal slit of the prepuce is performed to facilitate drainage and cleaning of ulcers.

Usually the ulcers heal at the end of 7 days of treatment. If it persists or worsens, a screening test of blood for HIV is done. Blood VDRL test will be repeated every month for 3 months. If there is associated HIV infection, erythromycin is continued for 2-3 weeks.

The sex partner of the patient is examined and even if there are no ulcers, treatment is given if she had sexual contact with the patient during the 10 days preceding the onset of signs and symptoms of chancroid in the patient.