

SELF - ASSESSMENT PROGRAMME

A patient 27, male, married, crane operator presented with a painless ulcer on the penis of 1 month duration and pus-discharging sinuses in both groins for a week. The complaints had started as a painless erosion on the prepuce about 15 days after an unprotected sexual intercourse with a prostitute. The erosion gradually increased in size. A fortnight later, he developed painless, almond sized swellings in both the groins and mild fever. A week later still, the swellings became erythematous and tender and ruptured discharging purulent fluid. The only treatment the patient had been given was tetracyclines for three days. There was no other history of marital or extramarital exposure.

At the time of presentation, there was a 2 cm diameter painless, indurated ulcer on the prepuce. The inguinal regions showed sinuses discharging pus, with inflamed surrounding skin. The femoral group of lymph nodes, and external iliac nodes were not palpable. Scrotal contents, perianal region, mucous membranes, skin, palms and soles, and scalp did not show any abnormality; systemic examination was normal.

1. Which of the following diagnoses is most probable ?
 - A. Donovanosis with pseudobubos
 - B. Chancroid with bubos
 - C. Primary chancre with bubo
 - D. Mixed infections: syphilis with chancroid
 - E. Mixed infection: primary syphilis with lymphogranuloma-venereum (LGV)

2. Which of the following investigations ought to be carried out ?
 - A. Darkfield examination from the ulcer
 - B. Frei's test/complement fixation test for LGV
 - C. Biopsy
 - D. Gram's stain from the ulcer
 - E. STS

Darkfield examination and STS were negative; smear did not show *H. ducreyi*; Frei's test was positive.

3. What is the likely diagnosis now ?
 - A. LGV
 - B. Primary syphilis
 - C. Mixed infection: LGV and syphilis

4. What should be the line of management ?
- A. Sulfonamides
 - B. Tetracyclines
 - C. Sulfonamides plus benzathine penicillin
 - D. Penicillin plus tetracyclines
5. What will be the prognosis of this case ?
- A. Excellent
 - B. Progressive
 - C. Relapse

ANSWERS

1, 2 & 3 The symptomatology and manifestations of this patient cannot be explained on the basis of any single sexually transmitted disease. And whereas the painless indolent, indurated ulcer on the penis is clinically characteristic of a primary chancre, the painful, tender bubos that burst to form multiple bilateral sinuses are not. One is therefore obliged to think of either chancroid or lymphogranuloma venereum. Multiplicity and bilaterality of inguinal bubos would tend to favour LGV. Positive Frei's test would further support the diagnosis. The failure to demonstrate treponemes in darkfield could have been because of the tetracyclines which the patient received. Standard serology may not be positive in early syphilis and therefore does not exclude the possibility of primary syphilis and tetracycline therapy could have contributed to it.

4. Tetracyclines alone would take care of both syphilis and LGV though one feels a bit more confident in treating syphilis with penicillin. And since sulfonamides are nearly as effective as tetracyclines in the treatment of LGV, a combination of sulfonamides and benzathine penicillin was preferred.

5. The patient was cured, and had no chance of either progression or relapse. But, a reinfection is possible with either or both the diseases.

Comments

There is an obvious inconsistency in the nature of the penile lesions and bubo in this patient, which could not be explained on the basis of any single disease. One is therefore obliged to think of more than one disease i.e., a mixed infection. The possibility of a mixed infection should always be kept in mind when approaching a patient with sexually transmitted disease, more particularly if the features are not explainable on the basis of any single disease. Any two (or more !) sexually transmitted diseases could co-exist since none of these confers protection or immunity against the other. LGV— a chlamydial infection, and syphilis— a treponemal one, have nothing in