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Alwyn Rapose

Reliant Medical Group, USA

Unusual presentations of common STIs in the HIV era

Sexually Transmitted Infections (STIs) are associated with profound physical as well as psychosexual morbidity. Presence of an ulcer or genital discharge results in much distress and a myriad of questions in the mind of the patient. Recurrent ulcerations on the genitals place are significant stress on sexual relationships. Untreated STIs constitutes a major burden on public health systems; secondary to transmission to sexual partners. STIs with genital ulcers are associated with increased risk for HIV transmission. HIV shedding in genital ulcers has been demonstrated in patients with co-infections. Early diagnosis and treatment of STIs with genital ulcers has been demonstrated to reduce HIV transmission. Diagnosis and treatment of STIs is hence one of the important pillars in strategies to prevent transmission of HIV. When patients present with classic clinical features and reliable diagnostic laboratory facilities are available, targeted therapy for the STI is possible. However, in many circumstances, a syndromic approach is undertaken to treat STIs with the aim of rapid resolution of symptoms and hence reduced transmission of HIV. Commonly encountered STIs presenting as genital ulcers include herpes, syphilis and chancroid. Genital herpes is characterized by recurrences and a chronic course. Syphilis is making a comeback in certain populations secondary to increased risk-taking- behaviors. STIs like lymphogranuloma venereum (LGV) and granuloma inguinale (GI) are seen less frequently. Genital herpes - caused by Herpes simplex virus - occurs as grouped vesicles that rupture easily resulting in grouped ulcerations, often with severe symptomatology. A syphilitic chancre - caused by *Treponema pallidum* - is painless, with a "button-like" consistency and associated with painless local lymphadenopathy. Chancroid with *Haemophilus ducreyi* as etiologic agent presents as painful soft ulcer with tender localized lymphadenopathy. LGV may not manifest a genital ulcer and often presents as bilateral inguinal lymphadenopathy. GI presents as genital erosions with beefy red granulation tissue that easily bleeds on minimal trauma. These are the classic presentations. However, all these STIs can present with clinical variations and some patients may have concomitant infections. Co-infection with HIV results in modification of the classic clinical characteristics and often results in delayed diagnosis and patients need prolonged therapy. In this presentation, we will review classic clinical features of individual STIs presenting with genital ulcers, along with clinical variations and differential diagnoses. Modifications in patients with HIV co-infection and implications for management will also be discussed.

Speaker Biography

Alwyn Rapose obtained his Doctorate in Dermatology, Venereology and Leprology from King Edward VII Memorial Hospital, Bombay, India. Thereafter, he obtained his MD in Internal medicine from St. Vincent Hospital, Worcester, Massachusetts, USA, followed by a fellowship in infectious diseases at the University of Texas Medical Branch, Galveston, Texas, USA. During this time, he was a recipient of the NIH / NIAID supported UTMB postdoctoral research grant in emerging and reemerging infectious diseases. He is board certified in both infectious diseases and internal medicine. He is presently Assistant Professor of clinical medicine at the University of Massachusetts, USA and practices as consultant in infectious diseases at the Reliant Medical Group and St. Vincent Hospital in Worcester, Massachusetts, USA.

e: Alwyn.Rapose@reliantmedicalgroup.org

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