
STDs classification, from common herpes to life threatening AIDS

There are now more than twenty disorders recognized as being transmitted primarily by sexual means. The more familiar STD's are AIDS, gonorrhea, syphilis, chlamydia-related infections, genital herpes, candidiasis, nonspecific vaginitis, trichomoniasis, pediculosis, scabies, and urinary tract infections.

GONORRHEA

One of the most frequently encountered communicable diseases in the U.S.

It is caused by the bacterium *Neisseria Gonorrhoeae*, which is common all over the world

today and can only thrive in human beings. There is no way to acquire immunity to this disease. Anyone who is sexually active is susceptible to gonorrhea.

This disease is transmitted by the way of direct contact with the secretions of mucous membranes such as those of the urethra, cervix, vagina, anus, eyes and throat.

The contact involved in transmitting gonorrhea is almost always sexual in nature. It is possible that contaminated fingers can transfer infection from one region of the body to another, however, this is highly unlikely because the bacteria dies rapidly when denied the warmth and moisture of mucous membranes.

Symptoms of infection usually appear within two to ten days after exposure but might take up to thirty days.

In males, gonorrhea usually strikes first at the urethra, the tube that extends from the bladder to the tip of the penis. A burning sensation during urination may be experienced due to the irritation of the urethra's mucosal lining. Many males may also notice an abnormal discharge from the penis. The penis itself may be red or swollen at the tip. Urination may become more frequent or difficult. Occasionally, no symptoms are evident immediately.

In females, gonorrhea seems to strike selectively at the cervix (the entrance of the uterus, but it also can appear elsewhere. As many as 80% of the females with gonorrhea have no immediate signs or symptoms. One symptom in women is a foul smelling vaginal discharge. Since vaginal discharges are not uncommon, women should be alert to any change in the color, odor, or other appearance of discharges. If gonorrhea has affected the urethra, a woman may experience a burning sensation upon urination.

Gonorrhea can also infect the anal region, the oral cavity, and the eyes.

The period of communicability for gonorrhea is uncertain but probably lasts as long as discharge continues, anywhere from three to six months.

Precise diagnosis of gonorrhea requires cultures of discharge specimens. Under most circumstances gonorrhea is easily treated. It is now clear however, that larger and larger doses of penicillin may be necessary to kill some resistant strains.

Untreated gonorrhea may result in irreversible complications. Infertility and sterility can develop in males and females. Gonococcal arthritis in major joints and a generalized infection that irreversibly damages the brain, heart, liver and other key organs can be produced in either sex.

The most reliable form of protection is the use of condoms during sexual episodes. The sexually active individual should also be selective about sexual partners and stay alert to obvious signs and symptoms of disease.

Gonorrhea is known by such street names as 'clap', 'drip', 'dose', 'strain', 'gleet', and 'jack'.

SYPHILIS

Syphilis is perhaps the best known of all the STD's. Once confined to certain parts of the world, syphilis now occurs universally. *Treponema Pallidum* is its causative agent. It belongs to a group of organisms that resemble bacteria. Humans provide the only known host for *T. Pallidum*. There is no vaccine or other acquired immunity for syphilis. Only about 30% of the people exposed result in infections.

Syphilis is transmitted by direct contact with infection sores, called chancres, syphitic skin rashes, or mucous patches on the tongue and mouth during kissing, necking, petting, or sexual intercourse. It can also be transmitted from a pregnant woman to a fetus after the fourth month of pregnancy.

The incubation period for syphilis is from ten to ninety days with twenty on days being the average. The diagnostic blood test for this STD is likely to be negative during the incubation period.

Syphilis goes through several stages. In its primary stage, it is characterized by the appearance of a chancre at the first site of infection. A chancre resembles a blister, pimple, or raised open sore. It is infectious and contains a large number of spiral bacteria (spirochetes). Chancres are often painless and may be hidden in the mouth, throat, vagina, cervix, or anus, making detection difficult. Chancres tend to heal themselves in two to six weeks but leave behind thousands of infectious spirochetes. Primary syphilis may be accompanied by swollen glands near the site of primary infection.

Once the chancre disappears the secondary stage begins. Secondary symptoms can occur from six weeks to six months after the primary infection 'disappears'. New symptoms usually include the presence of a rash or raised lesions anywhere on the skin. The rash is not painful or itchy, but is infectious. Patches of white in the mouth, nose, or rectum may appear. These mucous patches can also transmit disease. Additional symptoms at this stage may include patchy hair loss, mild fever and body aches, swollen glands and flulike symptoms. Secondary symptoms disappear in two to six weeks but may recur for up to two years

If still untreated, syphilis enters what is called the latent stage. At this point, symptoms are

absent and the person is probably no longer infectious to others. (The exception is the pregnant woman who is still able to transmit the disease to the unborn child.) The length of the latent stage is variable but can last at least five years and perhaps as many as twenty years or more. Some cases of syphilis remain dormant for an indefinite length of time. Others evolve into the final stage of symptoms.

Tertiary or late-stage syphilis usually occurs between five and twenty years following initial infection. This condition leads to permanent disabilities and even death. Neurosyphilis, in which the brain and the spinal cord are affected, produce paralysis, insanity and blindness. Cardiovascular syphilis includes major damage to the heart and the aorta, possibly resulting in death. Late begin syphilis is characterized by the appearance of large destructive lesions virtually at any internal or external site.

The period of contagiousness for syphilis is variable. It is clearly infectious in its primary and secondary stages. Active bacteria are wiped out in twenty four to forty eight hours by adequate treatment with penicilline. Infected individuals must be followed closely after treatment and repeated blood test must be performed to assure the complete absence of the disease.

People hoping to avoid syphilis must avoid contact with syphilitic lesions. The use of a condom during sexual intercourse can assist in this, but a condom will not protect other exposed surfaces.

Syphilis has been nicknamed 'syphox' or 'bad blood'.

CHLAMYDIA-RELATED INFECTIONS

Chlamydia trachomatis may be the most common STD in the U.S today.

This organism, an intracellular parasite, is responsible for more than one disease condition nonspecific urethritis (NSU), or nongonococcal urethritis (NGU), and lymphogranuloma venereum (LGV) are among these conditions.

NSU involves an inflammation of the urethra. If symptoms are present they may resemble those of gonorrhea. Chlamydia currently accounts for approximately 50% of

NSU cases. Transmission of NSU, however is probable during sexual intercourse, and transfer from mother to infant at birth is also possible.

To tell the difference between NSU and gonorrhea, cultures of smears or discharges must be examined in a laboratory. The treatment for NSU is tetracycline. Both partners should be treated in order to avoid the so-called 'Ping-Pong' effect. The most severe complication of NSU in females is PID (Pelvic Inflammatory Disease) This condition often leads to infertility. NSDU can be controlled by using condoms during sexual intercourse, washing the genitals with soap and water before and after intercourse, and contacting sex partners when infection presents itself.

Trachomatis is also responsible for the STD called (LGV). Symptoms include sores in the genital area that resemble pimples. It is most commonly seen among gay men and persons

having multiple sex partners. Transmission occurs through direct contact with lesions, usually during sexual intercourse. Complications from LGV area rare, though inflammation of the urethra, cervix, and rectum are possible Tetracycline provides reliable thereapy for this STD.

GENITAL HERPES

Genital herpes is rapidly gaining attention as an STD. Once reason is that thousands of new cases are being identified each year. Another reason is a lack of any known cure. Herpes simplex virus type 2, because it is viral, makes antibiotic drugs useless in treating the symptoms and eliminating infection frmo the body. In most cases, the herpes sores blisters and crusty form on the genitals and heal and disappear on their own in a few days or weeks. The virus itself, however, stays in a dormant stage: the absence of symptoms does not necessarily mean the absence of active virus. Herpes may flair up from time to time, causing the sores to reappear. These sores are usually visible and painful in both sexes; however, signs of herpes in women can be internal and painless. It is possible for women to be unaware of the virus's presence.

It is not well understood what triggers recurrences of herpes. Towered resistance, other infections, chafing or irritation of the affected area, emotional upset, and even certain foods are implicated to some extent.

Of a few sensible points are observed, life can continue to be full and enjoyable. Herpes victims are advised to be especially concientious about controlling stress factos that may aggravate the dormant HSV-2 organism. It is advised that a condom be used during intercourse to provide protection for the uninfected partner. The person who follows a well-balanced fitness routine should experience minimal life disruptions resulting from herpes.

Women who have herpes need to take a few extra precautions. There is an association between HSV-2 infection and the development of cervical cancer. A woman with herpes may be advised to have pap tests more frequently and watch for any unusual vaginal bleeding. Because of the danger of infecting the newborn infant, women who know they have herpes should share that information with their doctor.

There is no cure for genital herpes at this time. Some relief of symptoms is available using topical ointments.

CANDIDIASIS (MONILIA)

Candidiasis also known as monilia is a common yeast infection caused by Candida also known as monilia is a common yeast infection caused by Canidida albicans.

Candidiasis frequently may be acquired by other than sexual means. It is a normal part of the human flora. Many predisposing factors can cause an outbreak of the yeast organisms:

Acute infections are accompanied by intense itching at the infected site, along with redness and perhaps swelling. In women, Candidus may also produce vaginal discharges of a white, curdlike quality.

The principal complication is recurrence, resulting when the infection is passed back and forth

between partners. Consequently, when flare-ups occur, both partners are often treated. The most common and reliable treatment is topical application of nystatin for both partners.

Acute episodes of candidiasis can generally be avoided or minimized by using condoms during intercourse, wearing clothes that are not tight fitting, and keeping the genital area dry.

NONSPECIFIC VAGINITIS

Nonspecific Vaginitis (NSV) is thought to be caused by the bacterium *Gardnerella Vaginalis* whenever other organisms cannot be identified in NSV. Symptoms of NSV are almost always restricted to females, though a male may experience itchy, burning symptoms of disease in his penis, similar to the vaginal symptoms that females report.

Symptoms in the female include a foul-smelling vaginal discharge, vaginal itching, and burning, upon urination, however the complete absence of symptoms is not uncommon treatment is accomplished with oral metronidazole, and transfer is prevented by the use of condoms.

TRICHOMONIASIS

Trichomoniasis is caused by the presence of *Trichomonas vaginalis*, a protozoan, which may exist without symptoms in the vaginal flora of 50 percent of the females in the U.S between the ages of sixteen and twenty-five. Susceptibility is general, though clinical disease is usually restricted to females.

Though the organisms can be acquired during sexual intercourse, they may also be picked up by non-sexual means from freshly soiled bedclothes, towels and other items.

Symptoms of females with trichomoniasis may include a foul-smelling discharge, localized itching redness and burning during urination. Males seldom experience any demonstrable symptoms. Treatment is oral metronidazole, usually given to both partners since 'trich' is another of the 'ping-pong' STD's

PEDICULOSIS AND SCABIES

Pediculosis and scabies are two disorders labeled infestations than infections. Both are caused by parasites, pediculosis by the crab louse and scabies by the itch mites. These organisms may be found anywhere on the body but show a preference for pubic hair. They lay their eggs at the base of the hair, just underneath the skin. Crabs and mites can produce an agonizing itch after their eggs hatch. Transfer of these organisms can occur from person to person in a variety of ways. Direct body contact, particularly during physical intimacy, is a common mode. Contact with personal items can also facilitate transfer.

Complications are rare though secondary infections can result from breaks in the skin due to intense itching and irritation. Treatment is provided by application of medicated shampoos. Good personal hygiene and careful laundering of clothes and bedding prevent reinfestation.

URINARY TRACT INFECTIONS

Urinary tract infections (UTIs) occur with pathogenic organisms enter the urethra and migrate to the bladder. Ordinarily they are confined to the host but they can be sexually transmitted. Bacteria and other organisms may produce UTI. Women, perhaps because of their shorter urethras, are much more susceptible to UTIs than men. Pathogens can sometimes be 'flushed' from the system by having the individual drink large quantities of water. Persistent symptoms of UTI should be treated by a physician.

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