

# **OTHER DEADLY STDs**

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## Other deadly STDs

By Dr. Julius A. Ogeng'o

I was upset and totally apathetic that afternoon. The emergency operations were numerous that week and I had stayed late the previous night. Most of the patients in the morning session had presented with either vaginal discharge or features of AIDS. I had hardly enjoyed my lunch.

"Daktari, finish quickly so that you can see the next patient. She appears to be in a lot of pain and is quite impatient." Rose, the nurse, said apparently concerned about my unusually slow pace.

"Ah! This is straight forward candidiasis, send her for a urine sugar test as I see the next patient." I said as I sat to scribble my findings, on vaginal examination.

Just as I was drying my hands, a tall lean beautiful lady walked in with a rather unusual gait, apparently just having stopped crying. She sat at the edge of the chair, with her thighs wide apart. We exchanged greetings with forced smiles and she straight away started telling me the history of her illness.

"I have had 'genital warts' for four years now. Four days ago, the warts were cut out by my doctor and now the wounds are getting worse.... They are quite itchy, painful and are discharging pus. I also have a frothy greenish yellow vaginal discharge and passing urine is agonising. Please assist me doctor! I am dying". The lady mercifully narrated. I took her personal details, asked her a few questions and requested her to let me have a look.

The vaginal discharge was obviously due to *Trichomoniasis*, but the deep wounds between the vulva and the anal opening were angry and dis-

charging blood-stained pus. I reassured her, started her on treatment and admitted her to the amenity wing of the female general ward. Three days later, I received her, and although her general condition and the wounds were better, she had tested positive for both syphilis and AIDS. I asked my colleague to alter her treatment accordingly and one week later, she was discharged to be seen again for review after one month.

The list of sexually transmitted diseases (STDs) has been growing longer and longer in recent years and today it includes diseases like pubic lice, scabies and several other diseases, usually seen by skin specialists. It is not surprising therefore that today many more doctors are specializing in skin and venereal diseases. In fact, in many parts of Kenya, general doctors spend nearly half of their time attending to patients with STDs and/or their complications.

The worrying factors in STDs today are that drug resistance is an ever increasing problem; and many patients still feel shy about discussing their sexual habits thus contributing heavily to late presentations. Worst of all, AIDS, an STD itself is now associated positively with the vast majority of the others. This fact, though worrying to doctors, is not yet a cause of alarm to many people. In this article, the last in the series on STDs, I shall highlight *trichomoniasis*; *candidiasis*; *genital warts*; *herpes genitalis* and *anaerobic vaginosis*. I have deliberately omitted AIDS, as a lot of information is currently available on this lethal disease.

### TRICHOMONIASIS

Trichomoniasis is one of the most



Dr. Ogeng'o: The list of STD's has been growing longer.

common STDs, affecting about 20 per cent of the women in reproductive ages. It is caused by a tiny organism called *Trichomona Vaginalis* and has an incubation period of 4-28 days. It is usually sexually transmitted, but it may also be transmitted on wet toilet basins, towels etc. Trichomoniasis presents most commonly in women with a frothy greenish-yellowish discharge, worse just before menses. The discharge is offensive and an extreme nuisance to the victims. Itchiness and pain in the vagina and vulva are also frequent.

It may involve the rest of the space between the thighs and inner aspects of the thighs, making walking and sitting extremely uncomfortable. At this stage, there is pain on passing urine, frequency of urination and the thought of sex scares one due to pain. When the urinary bladder is involved as it commonly is, there may be lower abdominal pain, especially as the bladder stretches on filling with urine. Inguinal lymph glands often enlarge and become painful.

On examination, the vaginal walls and vulva appear swollen and red. The cervix shows localised patches of increased blood supply and may bleed on touch. 10 per cent of the women are asymptomatic and in these, the disease becomes chronic, occasionally being aggravated by

menstruation. Often, trichomoniasis cause excessive painful menstruation.

In the men, the disease is commonly asymptomatic, making them carriers for a long time. When it flares up, however, a feeling of itchiness in the urethra and tip of glans penis does occur. Again painful urination and frequency of urination may follow bladder involvement.

Diagnosis in both sexes is based on history of sexual contact with an unfamiliar partner and signs and/or symptoms. Confirmation is by a smear from the urethra and/or vagina for microscopy and culture/sensitivity studies.

During the period of treatment, the doctor will commonly advise against alcohol and insist on seeing and treating the sex partners as well. During this time, it is advisable to abstain from sexual intercourse till the treatment course is completed. The commonest causes of treatment failure are drug resistance and reinfection. Occasionally however, even when the correct treatment is taken fully and the doctors instructions followed to the dot, recurrence may occur. This may be due to secondary bacterial infection and use of a broad spectrum antibiotic prescribed by the doctor usually solves the problem. The best method of control is to stick to your sex partner(s), or at least use a condom.

### CANDIDIASIS

This is also called vaginal thrush. It is one of the most prevalent vaginal infections in women of reproductive ages and even beyond. Candidiasis is in 90 per cent of cases caused by a fungus called candida albicans. Other fungi of the candida group are rare. Although it is commonly sexually transmitted, it can occur without a history of sexual contact. Factors which predispose to the infection are:

- pregnancy
- drugs such as broad - spectrum antibiotics; those that suppress immunity and even oral con-

receptives

- systemic diseases such as diabetes mellitus; tuberculosis, cancer, kidney disease, AIDS etc.
- poor hygiene
- nylon tightly fitting under wear
- antiseptic soap and ban additives
- obesity
- genital trauma

The commonest presentation is itchiness on the vulva, in the vagina and inner sides of thighs. The itchiness is worse at night and also before menstrual periods and may be severe enough to cause serious scratching that leads to cracking and peeling off of the skin affected. When this happens, there is pain on passing urine and coitus is quite painful.

Usually in such severe forms, there is a curdy white vaginal discharge that may be profuse enough to coat the vaginal walls and trickle out. The vulva, perineal and inner thigh surface may become swollen, red and so painful as to interfere with normal walking. Secondary bacterial infection and urinary bladder involvement are known complications. Children born of infected mothers may be affected.

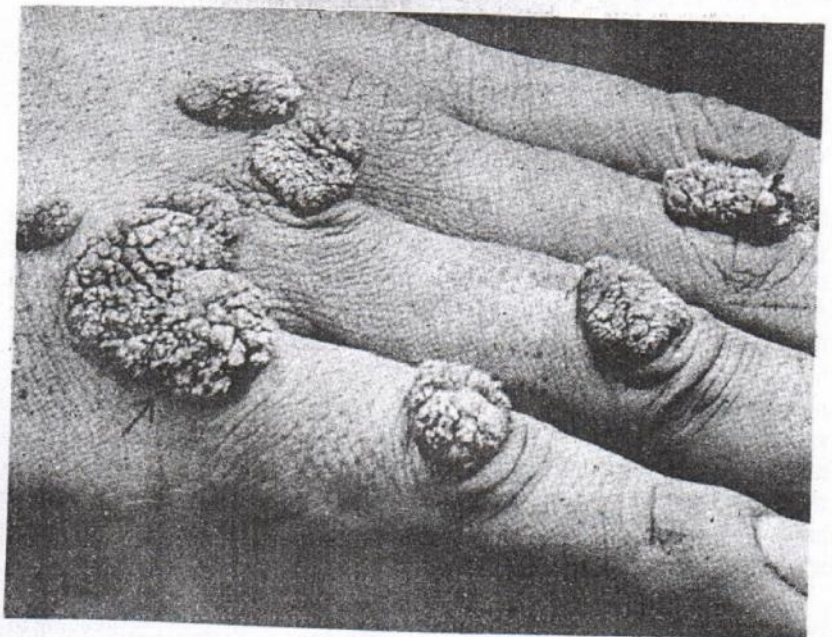
In the males, coitus with an infected lady causes infection of the

penis urethra. The penis is seen to be coated with the curdy white discharge followed by itchiness of the glans penis, and scrotum and the perianal regions. In uncircumcised men, the foreskin gets badly infected and when retracted, its inside is seen coated white. Bacterial infection may follow and when swelling of the foreskin obstructs urine flow, circumcision may be a good idea. The urethra and urinary bladder may be affected in severe untreated cases.

Good treatment is based on correct diagnosis. Both partners are treated. Several drugs are available in various forms including creams pessaries and tablets. In both sexes, control and treatment of predisposing factors is important. For the ladies, it is not always necessary to withhold contraceptive pills.

### Genital warts

These are caused by a virus called *Human Papilloma* virus of the types 6, 11, 16 and 18. The warts are cauliflower like growth which look fairly ugly. In the female, such growth occurs on the vulva, in the perineum and around the anus. In the males,



Warts on the back of a human hand. Genital warts usually look like these.

they occur on the foreskin of the penis, around the urethral opening and as in the females, may also occur around the anus and on the scrotum. Genital warts resemble warts elsewhere on the body and may be small or very large.

Those which occur in the genital area are usually sexually transmitted but contact with infected wet towels, toilet basins and items of underwear are alternative modes of transmission.

In the males, warts may obstruct the urethra, as in females. In the latter, they may be large enough to obstruct the vaginal orifice children born of mothers with genital warts may develop warts in the airway and this is a potentially dangerous problem. This is why some gynaecologists prefer caesarian section deliveries in mothers with genital warts who present at full pregnancy or in labours.

Warts are associated with cancer of the vulva, vagina, cervix penis and ano-rectal region. Victims of warts are therefore advised to see a doctor for treatment and follow-up. Treatment is available in form of local creams, surgical removal and electrical 'burning'. It is advisable to use condoms or totally abstain from sex during the period of treatment.

### HERPES GENITALIS

This is caused by Herpes Virus type 1 and 2. Incubation period is usually less than one week and onset may be attended by fever and general body weakness. It is characterised by small painful vesicles in the genital region, which may break down to form small ulcers. Painful urination may follow, associated with enlarged painful lymph glands in the groin.

Herpes often causes damage to the nervous system and during early pregnancy it is associated with foetal malformations and may cause abortion, particularly when the foetus gets infected.

For fear of the baby being affected, caesarian section may be

performed for mothers who have active herpes. There is now evidence that Herpes genitalis is associated positively with cancer of the cervix, and therefore victims of the disease need follow-up and screening for this fairly common cancer.

Treatment is unsatisfactory but some drugs are known to be useful. Try therefore to prevent this disease instead of hoping to be cured when already infected.

### VIRAL HEPATITIS

This is a disease of the liver, mentioned here because it may be sexually transmitted. Its mode of presentation is discussed elsewhere with other liver diseases. It suffices to note, however, that it is caused by viruses and the risk factors include homosexuality and sexual contact with infected individuals.

### Anaerobic Vaginosis

This disease caused by an organism called *Gardnerella vaginalis*. It presents with a vaginal discharge that has a rotten fish smell. It is usually yellow to green in colour. It may be thick or watery and may cause pain on urination, vaginal itching, and/or painful intercourse. It responds to correct antibiotic treatment satisfactorily.

### Conclusion

Having discussed most of the common STDS it is important to emphasize the following points:

- STDS affect the parts of our bodies that are not open to discussion, and quite often this leads to delay and/or shyness in seeking medical attention, and often when non qualified personnel are consulted, a few cases are missed. Having read this series of articles, regard your genitals as any other part of your body, suspect the problem early enough, be open with your doctor and get treatment immediately.
- STDS are capable of spreading to any part of your reproductive system and the closely associated uri-



A patient suffering from herpes labialis

nation system. The long term effects of the untreated infection affect reproductivity and definitely have far-reaching socio-economic and socio-familial consequences that you could avoid. I have included diagrams of the systems concerned to promote your understanding of the symptoms and signs of the diseases.

- Some of the STDS may spread through the blood stream and affect distant organs, as we have seen in the case of syphilis and gonorrhoea. Such organs involvement causes serious disability and could lead to death.
- A good number of STDS as you have seen, can affect unborn babies, to the extent of deforming or even killing them. Thus, sins of the parents may affect, often adversely, the unsuspecting babies. Save them by promptly getting treated if you could not avoid the disease.
- Many of the old treatment regimes for STDS no longer work and in fact some of them have no known treatment. The newer regimes are expensive but work better. Do not hesitate to pay for the good expensive treatment prescribed by your doctor. In the long, run, you will save your time, health your children and their health.
- Finally, 'prevention is better than cure' Abstain from indiscriminate sex or at least use condoms. If and when you fail to do so, and you get infected, remember, "A stitch in time saves nine". See your doctor immediately.