INFECTIONS

Bacterial Vaginosis

Women with Bacterial Vaginosis (BV) often complain of an increase in vaginal discharge that is "smelly" or they feel "unclean" despite regular washing. This is more noticeable after sex or around period time. BV is NOT considered to be a sexually transmitted infection and men do not need treatment. It is caused by an increase in some of the bacteria that usually live in the vagina taking over from the "good bacteria". This can happen if there is another genital infection, if you have had antibiotics for something else or other things that can change the balance of the bacteria, such as periods, sex and possibly some washing products. It is much less common in women who have not had sex. Men may get a red rash or smell under the foreskin that usually resolves with regular washing with skin friendly products or dilute salty water. Many women have no symptoms and do not always need treatment. Sometimes it will get better without treatment but may come back.

Bacterial vaginosis is diagnosed by looking at a swab under the microscope or sending a swab test to the laboratory. Treatment is usually with oral tablets or cream inserted into the vagina.

Balanitis (change on the helmet of the penis)

This is a change in the skin on the glans (helmet) of the penis. It is often caused by either:-

- Washing too little
- Washing too much
- Washing with the wrong thing/using chemicals, shower gels, strong soaps, deodorants.

It may also be due to certain skin conditions or infections. It is not often due to candida (thrush) although many men call it "thrush".

Symptoms include itch, soreness or discharge under the foreskin. Some men only notice the redness/blotchiness.

For many treatment is stopping things that may upset the skin such as strong soaps, shower gels, deodorants or any other chemicals and washing regularly (once or twice a day) with skin friendly products or a dilute salty solution. Certain skin conditions will need treatment with specific cream.

Candida (Thrush)

Candida is yeast which is present in most people somewhere (vagina, mouth, bowel) and does not usually cause problems. It is more likely to cause problems after antibiotic treatment, in people with diabetes and some other medical conditions, such as pregnancy, thyroid disturbance or certain skin conditions. It may develop if the skin is damaged by trauma or chemicals.
Women may notice a white (lumpy) discharge, a yeasty or musty smell, itch or soreness on the genital skin and sometimes splits or cracks in the skin. Male partners do not usually need treatment. Treatment is with either a pessary (tablet inserted into the vagina) and cream or an oral tablet. These can be bought from the chemist.

Men may notice rash or skin changes of the foreskin or glans (see balanitis). If thrush is definitely diagnosed in a man, as well as treatment, he should be tested for diabetes.

Thrush is diagnosed by taking a swab and looking under the microscope or sending to the laboratory.

**Chancroid**

This is generally a tropical sexually transmitted infection that causes painful genital sores. Once diagnosed it is treated with a course of antibiotics.

**Chlamydia**

Chlamydia is the commonest sexually transmitted infection diagnosed in departments of genitourinary medicine in the United Kingdom. It is estimated 10% (1 in 10) sexually active people between 16 and 24 have the infection. Many people have no symptoms so do not think they are at risk. Untreated chlamydia can lead to pelvic inflammatory disease, ectopic pregnancy, and chronic pelvic pain in women and epididymitis in men. Either sex may also become infertile, get infection in the eye (conjunctivitis) or a painful joint condition (Reiter’s syndrome). Because so many people have no symptoms chlamydia may not be diagnosed for weeks, months or years, so finding infection does not mean the infection has been caught recently.

In men the commonest symptoms are discharge from the penis and discomfort passing urine.

In women the commonest symptoms may be a change in discharge, discomfort passing urine, unusual bleeding (after sex, in between periods, unusual period bleeding) and abdominal pain (usually below the tummy button). Occasionally the infection may cause inflammation around the liver in women giving pain under the ribs on the right side.

In men and women if the infection is in the back passage there may be a discharge or discomfort. Infection in the eye causes a sticky red eye (conjunctivitis).

Pregnant women if not treated can pass the infection onto their baby but can easily be treated during pregnancy. Let your doctor or nurse know if you could be pregnant.

We cannot see chlamydia under the microscope but men may have signs of urethritis (see NSU) and women signs of inflammation on the cervix. Samples may be taken from the genitals, back passage or a urine test.

If you have been diagnosed with chlamydia it is important your sexual contacts are seen and treated to prevent the infection coming back. You should not have sex during treatment even with a condom until the treatment is finished for both of you. Treated properly chlamydia can be cured but if treatment is not completed you may get some of the problems listed above.
Treatment during pregnancy is not quite as effective as when not pregnant so we advise all pregnant women to have a test to make sure the infection has gone after treatment. If you are not pregnant and take the treatment properly and your partner is treated properly we do not routinely ask you back for a repeat test. If you want a follow up test this should be done about 6 weeks after starting treatment.

**Crabs or Pubic Lice**

These are small insects similar to head lice or body lice that like to live in the pubic hair and occasionally elsewhere on the body. They cannot live on the scalp. They are spread by close contact (usually sexual). People may notice an itch or little blood spots in the pubic area. The infection itself is irritating but harmless. The insects are about the size of a small freckle and hang onto the pubic hairs. The eggs or "nits" are tiny and stick tightly to the base of the hair. After treatment the crabs will all fall off, but the nits may persist for some time. If they are any distance away from the skin they are dead. Treatment is with lotion applied from the neck down. Sexual partners should also be treated.

**Epididymitis**

This is when infection gets into the tube by the side of the testicle and it becomes painful and swollen. The main causes are the sexually transmitted infections: gonorrhoea, chlamydia and NSU, and sometimes bladder infection. The infection usually affects only one testicle but can affect both - with increased risk of infertility. There may be discharge from the penis and discomfort passing urine. Other conditions that cause pain in and around the testicle include mumps orchitis, torsion or twisting of the testicle and testicular cancer. If you develop sudden pain in your testicle it is important to seek medical advice as soon as possible. You should have a check for sexually transmitted infections and urinary infections. Treatment is with antibiotics and sexual partners need to be treated as well before you have sex again.

**Gonorrhoea**

Gonorrhoea is a sexually transmitted infection that can infect the penis, the cervix (neck of the womb), the throat and the rectum (back passage). Infection in the penis or cervix usually gives symptoms of discomfort passing urine and discharge. Infection in the rectum may give rise to discharge but may have no symptoms. Infection in the throat is usually asymptomatic. Symptoms when they develop, usually occur within a few days to a couple of weeks after infection.

Untreated the infection can spread to the testes (epididymitis) in men or the pelvis (Pelvic infection) in women. This can lead to infertility and in women ectopic pregnancy (pregnancy in the tube) or chronic pelvic pain. More rarely the infection can spread to the joints, the blood stream or the eyes. Infection can be passed to a baby at delivery that can result in an infection in the eyes.

Gonorrhoea is diagnosed by taking swabs from areas that may be infected (penis, cervix, throat, rectum). Some samples we can look at under the microscope and we often diagnose the infection in the clinic. Treatment is with antibiotics. You should avoid sex (even with a condom) until you and your sex partner have been tested and if necessary treated. It is quite
common to be infected with both gonorrhoea and Chlamydia at the same time and you may be given treatment for both at the first visit to the clinic.

**Granuloma Inguinale (Donovanosis)**

This is a tropical sexually transmitted infection and very rare in the United Kingdom.

**Hepatitis**

There are a number of hepatitis infections that can be passed sexually. Symptoms include feeling generally unwell and because the infection damages the liver you may go yellow (jaundiced). Hepatitis A, B and C are diagnosed by blood tests.

**Hepatitis A**

This is not generally sexually transmitted but often from contaminated food and water. It has however been reported in men who have sex with men. The infection is usually short lived and generally causes no long term problems. There is a vaccine and this is recommended for travel to certain foreign countries and is available from your GP.

**Hepatitis B**

Hepatitis B is spread by close contact with body fluids and is more common in people who inject drugs, men who have sex with men and people from parts of the world where hepatitis B is common. The infection may be asymptomatic or symptomatic. Very rarely the early infection can cause severe liver problems. Most patients will then clear the infection but a number become carriers and can pass the infection onto others. Chronic infection can lead to severe liver damage (cirrhosis) and liver cancer. There is treatment for chronic infection from a liver specialist.

For those at risk of infection we recommend hepatitis B vaccination that is given in the clinic and is a series of injections. Vaccination should prevent infection.

**Hepatitis C**

Hepatitis C is common in those who inject drugs and in people from certain parts of the world where hepatitis C is more common. It is not often sexually transmitted but seems to be slightly more common in men who have sex with men who have HIV. Chronic infection can lead to severe liver disease (cirrhosis) and liver cancer. There is treatment for hepatitis C but no vaccination.

**Herpes (HSV)**

Genital herpes is caused by infection with herpes simplex virus type 1 or type 2. Type 1 virus generally causes cold sores and most people have been infected by type 1 virus, but many have never had cold sores and may not know they have infection and can pass it on. Generally infection is passed when there are symptoms such as cold sores or genital sores. In the first attack of genital herpes many people feel generally unwell with flu like symptoms of
aches and pains. There may also be a sore throat. On the genitals patients may feel the skin has a different sensation and may look a bit red. Blisters develop in the red skin and because they are very thin will burst quite easily and form small ulcers or sores. Sores may develop in groups over a number of days. If they are near the urethra (urine passage) patients often complain of pain passing urine – in some women it may be so sore they do not want to pass urine. Left alone the ulcers will heal in a week or two. We diagnose the infection by examination and confirm it with a swab. Treatment with antivirals and sometimes pain killers or local anaesthetic gel is given before the result of the swab is back. In pregnant women it can be passed to a baby and should always be discussed with the doctor looking after the pregnancy. Herpes may come back but the first attack is usually the worst and recurrences are often very minor. If they cause problems there is treatment that can help.

HIV / AIDS

HIV is infection with the human immunodeficiency virus. HIV is passed sexually, and through injecting drug use. Men who have sex with men, injecting drug users and people from certain parts of the world (such as sub Saharan Africa or South East Asia) or contacts of these people are more at risk of infection. It is possible for the infection to be passed through oral sex. All blood donors in this country are tested and all pregnant women are offered testing.

HIV is not passed through normal activities such as touching and non sexual kissing. At first there may be a mild viral type illness that can be mistaken for a cold or similar. Some people may become quite unwell and may need to be in hospital for a while. Symptoms often then completely settle for some years until the immune system can no longer cope and the patient becomes unwell. Certain unusual infections or conditions can develop and the patient is then diagnosed with AIDS. Treatment for HIV is now very effective and in people who know they have HIV is given to prevent developing AIDS. We recommend all patients have a blood test for HIV however small the risk. It may take up to 3 months for the blood test to become positive after an episode of risk.

Lymphogranuloma Venereum LGV

LGV is caused by a different strain of Chlamydia and can cause genital ulceration and symptoms in the back passage. It was very uncommon in this country but a number of cases have been found mainly in men who have sex with men. Some of these men also have HIV. It can be diagnosed with a swab test and effectively treated with a course of antibiotics. Sexual partners should be tested and treated.

Molluscum contagiosum

This viral infection is spread by close contact including sexual contact. It can be passed in warm moist environments like swimming pools and sharing towels. Unlike warts the lesions of molluscum contagiosum (MC) are characteristically "pearly" in colour and have a central dimple. They can appear anywhere on the body but in adults when sexually transmitted are often on the lower abdomen, upper thighs, buttocks and genital area. They may disappear without treatment, usually within a year or so. Damaging the lesions often causes quite a response with redness and swelling as the body fights the infection. In the clinic MC is
treated by freezing but at home you can gently squeeze or scratch the lesions when a hard yellow lump can be expressed. Always wash your hands after squeezing or scratching or the virus may be spread elsewhere. MC is diagnosed by the characteristic "umbilicated" (like a tummy button) appearance.

**Non Specific Urethritis (NSU)**

This is inflammation in the urethra in a man and is usually caused by germs that are sexually transmitted. We can see the inflammation under the microscope in the clinic. Gonorrhoea and chlamydia can both cause urethritis. NSU means we have found neither. You may be told in the clinic you have urethritis, which turns out to be chlamydia when the test results come back. We cannot see chlamydia under the microscope. The treatment for chlamydia and NSU is the same. On some occasions NSU may be caused by physical or chemical damage (for example squeezing or products that may damage the sensitive skin.) NSU can develop during a steady relationship where both people have only had sex with each other.

The symptoms of NSU include a burning sensation when passing urine and an unusual discharge from the penis. Often there are no symptoms, which is why it is very important when NSU is diagnosed that partners are seen and treated as well. Females may get similar symptoms (burning and discharge) and on examination we can see excessive discharge on the cervix (neck of the womb) and excessive inflammation under the microscope. When no cause is found it is called non specific genital infection, non specific cervicitis or mucopurulent cervicitis.

Without treatment a small number of patients may get testicular or pelvic infection that can lead to infertility. Treatment is usually with a course of antibiotics. To prevent reinfection do not have sex with your partner (with or without a condom) until you have both finished your treatment.

Alcohol can make the symptoms worse and may delay healing so we advise to go easy on alcohol until the infection has been treated. There should be no reaction between alcohol and the standard treatment for NSU. If you are drinking alcohol - drink in moderation rather than stopping the treatment. In men with chronic or seemingly recurrent infection it is advisable to stop alcohol to allow inflammation to settle.

**Pelvic inflammatory disease (PID)**

PID is infection of the inside genital organs of a female (uterus, tubes and ovaries) and can lead to chronic pelvic pain (low tummy pain), infertility and ectopic pregnancy (pregnancy in the tube, which can be very serious). PID is often but not always caused by a sexually transmitted infection such as gonorrhoea or Chlamydia. Patients are likely to notice a change in their discharge, low abdominal pain, pain during sex on the inside and unusual bleeding (either after sex or between periods). The infection is usually diagnosed with swab tests and an internal examination and treated with a longer course of antibiotics. It is important to complete the course of antibiotics or the pain may not go away. Sexual partners should be seen and treated.
**Scabies**

Scabies is caused by a small insect or mite that burrows under the skin, causing a very itchy reaction. It is passed by intimate contact (holding hands, sex, household contact). It is quite common in young children and places where people are close together like nursing homes and is not always related to sexual activity. It causes irritation in the skin that is worse when warm, for example after a bath. It commonly causes red marks between the fingers, on the arms and around the ankles. If it affects the genitals it causes extremely itchy lumps. In this case not only household or family contacts but sexual contacts need to be treated. We generally diagnose scabies by examination and it is treated with the application of cream or lotion.

**Syphilis (the Pox)**

Until the last few years syphilis was very rare in the United Kingdom and was usually a result of infection abroad. In recent years there have been outbreaks of syphilis around the country in men who have sex with men. It is also seen in people who have moved from countries where syphilis is more common. It seems to be quite easy to pass by oral sex but is not passed through household contact.

Syphilis has various stages of the disease. The first sign is one or more, usually painless, ulcers (chancres) at the site of infection. These may be visible or inside the vagina, rectum or mouth. The glands are often swollen but not painful. If not treated the second stage develops with a generalized skin rash that typically also affects the palms of the hands and the soles of the feet. Untreated this rash may come and go for a number of months. Without treatment patients are infectious for up to two years. Early syphilis is diagnosed either by a swab test looked at under the microscope or a blood test. Like HIV the blood test may take up to 3 months to be positive. If the rash is present the blood test will definitely be positive. Treatment is usually with penicillin injections. Second best is a course of oral antibiotics. Sexual partners also need to be seen, tested and treated if necessary. There is an association between syphilis and HIV with the two infections often being found together.

Untreated over a number of years serious late problems of syphilis can occur (tertiary syphilis). This includes damage to the heart and brain and other organs.

All pregnant women are offered a test for syphilis so the infection is not passed to a baby.

**Trichomoniasis (TV)**

Worldwide TV is one of the most common sexually transmitted infections and often comes with another infection such as gonorrhoea or Chlamydia. It is passed sexually and women may develop a nasty, itchy, smelly vaginal discharge. Men in this country do not usually get infection but can be a carrier so should be treated when a woman is diagnosed with TV to prevent reinfection. Afro Caribbean men may get infection that may be misdiagnosed as NSU.

We can examine a sample of the discharge under the microscope and see the organism. Treatment is with antibiotic either as a single dose or for a week.
**Vulvitis**

Vulvitis is inflammation of the vulva or skin around the entrance to the vagina. This is often a skin problem such as washing with something that upsets the skin, not washing enough or washing too much. The genital skin is very sensitive and can react to many products. Symptoms will include irritation, discharge, soreness and pain. Women with vulvitis should avoid perfumed soaps, bubble baths and shower gels and use skin friendly products. Some feminine hygiene products and sanitary wear may also cause problems.

If there is infection the most likely cause will be thrush that is usually easily treated.

**Warts**

Genital warts are very common and are hard or gritty lumps on the genital skin. The wart virus is passed sexually but may take weeks, months or even years to develop into warts. It is not possible to tell how long the virus has been about and does not mean a partner has been unfaithful and some people although infected never develop warts. Warts are diagnosed clinically and do not cause cervical cancer. There are other wart virus types that do not produce warts and these seem to be the ones that cause problems on the neck of the womb. Women under 25 do not need a cervical smear even if they have warts. All sexually active women should start having smears at the age of 25.

Not all warts need to be treated and some will go on their own. If treatment is given (and most people do not like lumps on their genitals) it is either freezing in the clinic or cream to be applied at home. Treatment will depend on the number, type and site of the warts. Pregnancy may make warts appear and it may be difficult to get rid of warts during pregnancy. Provided there are not too many warts at the time of delivery there should be no problem for a normal delivery. After delivery the warts often shrink or disappear completely.