Gonorrhea (The Clap) — Symptoms and Case Studies

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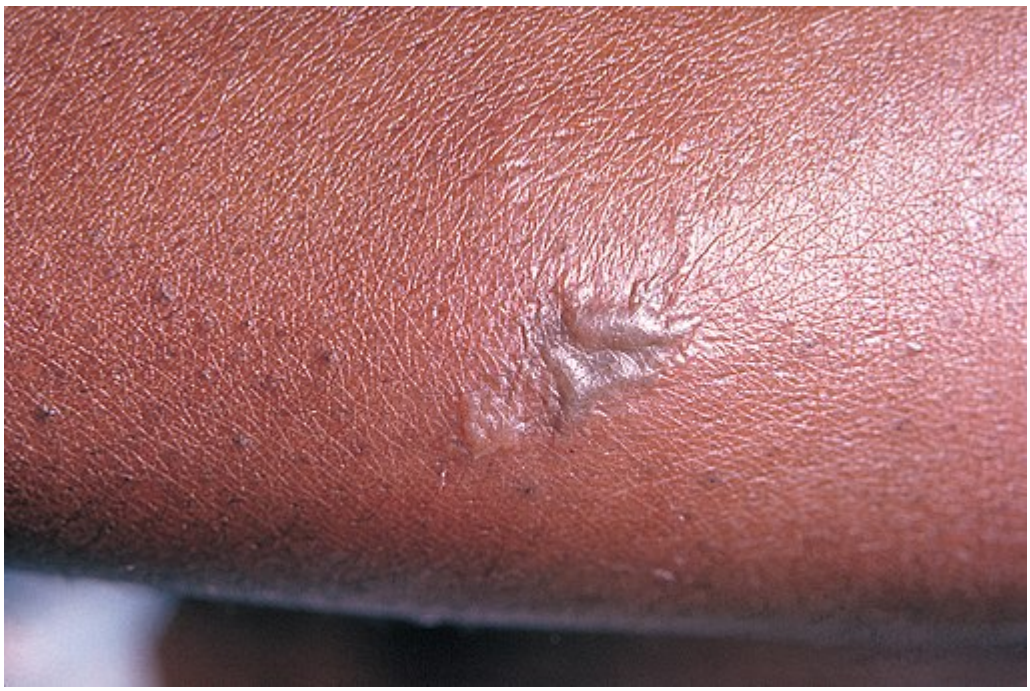
Gonorrhea is one of the most common sexually transmitted diseases (STDs). Approximately 1 % of the world population is infected annually, which is equivalent to about 60 million people. The severity ranges from asymptomatic infection to disseminated gonococcal infection with sepsis and hematogenic spread. In the following article, you will read everything that is important to you as a physician - from Bonjour-drops to treatment.



Gonorrhea Case Studies

Case 1: A 23-year-old student (Nulligravida, nulliparous) comes to you in the surgical emergency with a fever and severe abdominal pain. As she also complains of dysuria and purulent vaginal discharge, you request a gynecological case conference. During the physical examination, a putrid secretion from the urethra is revealed, as well as dolent Bartholin's glands and yellow-framed pus from the cervical canal. There is a pronounced Portio-pushing pain, the adnexal are thickened and highly dolent on both sides. The urine-examination on the elevated concentration of hCG is negative. What suspicions do you have?

Case 2: A 32-year-old man comes to your general medical practice due to urogenital complaints. He reports that he had pain during urination. Especially in the morning, he often notices a drop of pus in the urethra output. Now he worries that he "caught

something”…

Discovery, Symptoms and Diagnosis of Gonorrhea

In 1879, gonococcal bacteria were first discovered by Albert Neisser in a urethral; the description of the symptoms, however, occurred much earlier in medical history. **Neisseria gonorrhoeae** (Gonococcal) transmits during unprotected sexual intercourse, with 5 % of those infected remaining asymptomatic carriers. The pathogen detection of Gram-negative bacteria is done microscopically or culturally, after a smear. After an incubation period of 2-7 days, the following symptoms are observed:

NOTE: Especially in female patients, the course is often asymptomatic!

WOMEN	MEN
Since gonococcal bacteria prefer epithelium/urothelium, usually no vaginitis (squamous) develops!	Purulent discharge with urethritis (Bonjour-drops in the morning, therefore,>> naming “Tripper” from drippen = drop).
yellowish fluorine formation on cervical canal	Dysuria
Bartholinitis	Itching
Cervicitis	
Pelvic inflammatory disease	
Fever + acute abdomen pain	

Extragenital manifestation is also possible, in the area of the eyes, throat and anus. Although this is usually a “silent” condition, the risk of actual infection also exists when untreated!

Gonorrhea in women is classified into **lower** (below the cervix) and **upper gonorrhea** (above the cervix). Lower gonorrhea displays with few symptoms including cervicitis, proctitis, urethritis and bartholinitis. Upper gonorrhea presents with many symptoms, including endometritis, salpingitis and peritonitis.

Complications of Gonorrhea

Newborns can be infected during birth by the carrier-mother. The **newborn-blennorrhoea** occurs, a.k.a. festering conjunctivitis. The prophylactic measure immediately after birth is administering of erythromycin/tetracyclin-containing eye drops into the conjunctival sac (formerly silver nitrate, the so-called Credé prophylaxis).

Complicated history: **Disseminated gonococcal infection** (DGI). DGI is classically associated with the clinical triad high fever, arthritis and acral hemorrhagic pustules and petechiae. Left untreated, patients can develop sepsis with meningitis, endocarditis and pneumonia. In women, the formation of synechiae on the hymen and tube can cause tube motility disturbances resulting in **sterility**.

Therapy of Gonorrhea

The treatment is relatively straightforward with the administration of ceftriaxone once; at DGI and upper gonorrhea, this must be given for at least 7 days. As with all STDs, the partner of the patient must also be treated to prevent a **ping-pong effect**! In addition, stress on the use of condoms in addition to existing contraceptives.

References

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Notes