

Sexually transmitted diseases

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Syphilis is usually acquired by humans through sexual contact. Infected mothers may transmit the infection to their fetus (prenatal syphilis). Moreover, if the disease is left untreated, it can progress into primary, secondary, latent, and tertiary or late-stage syphilis. Clinical signs and symptoms of syphilis depend on the stage of progression. Initially, painless fluid-filled lesions or "small cancers" which may erupt on the anus, genitalia, lips, tongue, fingers, nipples, eyelids, or tonsils are observable then typically disappear 3 to 6 weeks after. About 8 weeks after, lesions or macules often erupt in areas of the trunk, soles, arms, palms, face, and scalp. Other symptoms include anorexia, malaise, headache, nausea, weight loss, slight fever, and sore throat. Gumma, a deep or superficial nodule found in the bones, is one of the signs of the late syphilis stage. The worst effect of the disease is perhaps the destruction of organs like bones and can result in death.

Dark-field examination, Fluorescent treponema antibody-absorption test, Slide tests, Rapid Plasma reagin test detection and CSF examinations are all effective diagnoses for *Treponema pallidum*. In the early stage, the patient may be treated with a single injection of Penicillin G Benzathine I. M. but the patient is allergic, Oral Tetracycline or Doxycycline for 15-30 days may be taken. In addition, preventive measures and patient teachings are important in the treatment process. The patient must be encouraged to practice universal precautionary measures, be educated about the disease acquired, urge them to submit for comprehensive tests until 24 months, to check possible relapse and refer the patient as well as his or her sexual partners for HIV Testing.

On the other hand, the Center for Disease Control (2007) describes gonorrhea as another sexually transmitted disease (STD) caused by a bacteria named *Neisseria gonorrhoeae*. CDC estimates that in the U. S., more than 700, 000 persons acquire gonorrheal infections. The disease is not only transmitted sexually but also from the mother to her baby during delivery. In most cases in men, gonorrhea is asymptomatic but symptoms usually appear two to five days or even after thirty days after infection. Burning sensation when urinating, the appearance of yellow, white, or green discharge from the penis, painful or swollen testicles is the signs and symptoms in men. In women, the symptoms are usually mild to painful. During urination process, there is a feeling of burning sensation, increased vaginal discharge, or bleeding between periods and later cause pelvic inflammatory disease (PID), which can result to pus-filled "pockets", chronic pelvic pain, can damage the fallopian tubes and later lead to infertility and risk of ectopic pregnancy. People with gonorrhea are more likely to contract HIV.

Samples from the cervix, rectum, urethra, or throat may be taken for laboratory analysis using Gram's Stain. This technique will show a bacterium under a microscope. Abstinence from sexual activity and being monogamous to a partner who is known to be uninfected will prevent the transmission of disease. Consistent and accurate use of latex condoms can reduce the risk of contamination. The recommended treatment for adolescents and adults (Longworth, 2001) is a single 125-mg dosage of ceftriaxone I. M. or an oral dose of cefixime 400 mg P. O. Effective health teachings to patients infected

and/or treated for the gonorrheal disease include regular consultation with their physician and proper personal hygiene.