

EVALUATING PATIENTS FOR CHLAMYDIAL AND GONOCOCCAL INFECTIONS

CHLAMYDIA (*Chlamydia trachomatis*)

PHARYNX

Usually asymptomatic; pharyngeal Chlamydial infections are rare.

Diagnostic laboratory testing:

Use of NAATs on pharyngeal samples require internal validation by the lab that processes your test samples.

Culture only FDA approved test at this anatomic site.

MALE URETHRA

Most often asymptomatic.

Symptoms, if present, include discharge, dysuria, itching.

Discharge, if present, is typically clear and mucoid.

Diagnostic laboratory testing:

Nucleic Acid Amplified Tests (NAATs), enzyme immunoassay (EIA), DNA probe (Gen-Probe PACE II), direct fluorescent antibody (DFA), culture.

ANORECTAL—NON-LYMPHOGRANULOMA VENEREUM (Non-LGV)

Often asymptomatic.

Symptoms, if present, may consist of rectal pain, discharge, abnormal anoscopy (mucopurulent discharge, pain, spontaneous or induced bleeding).

Diagnostic laboratory testing:

Use of NAATs on rectal samples require internal validation by the lab that processes your test samples.

Culture or Direct Immunofluorescent Antibody test (DFA).

ANORECTAL—LYMPHOGRANULOMA VENEREUM (LGV)

Usually symptomatic, with rectal pain, discharge, abnormal anoscopy (mucopurulent discharge, pain, spontaneous or induced bleeding).

Diagnostic laboratory testing:

CT culture (or other CT test) from rectal mucosa as well as a serological test for Chlamydia can support the diagnosis of LGV. Contact Health Department for more information on diagnostic testing.

GONORRHEA (*Neisseria Gonorrhoeae*)

PHARYNX

Generally asymptomatic.

Otherwise, signs and symptoms similar to other causes of pharyngitis.

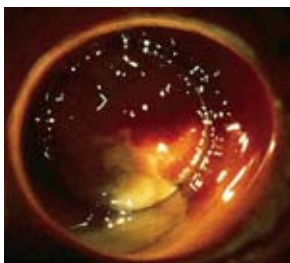
Diagnostic laboratory testing:

NAATs for pharyngeal GC require internal validation by the lab that processes your test samples.

Culture is the only FDA approved test at the pharynx.



Urethral Chlamydial infection with clear, mucoid discharge



Anoscopy in LGV case, revealing mucopurulent discharge and bleeding



Gonococcal pharyngitis



Urethral Gonorrheal infection with purulent discharge



Rectal Gonorrheal infection with mucosal erythema

MALE URETHRA

May be asymptomatic (approximately 20%).

Typically purulent urethral discharge often accompanied by dysuria.

Purulent or mucopurulent urethral discharge is common, but discharge may be clear or cloudy.

Diagnostic laboratory testing:

Gram stain: presence of Gram negative intracellular diplococci (GNID) diagnostic of Gonorrhea (95% sensitive and 99% specific). Sensitivity less for asymptomatic urethritis (50%).

Nucleic Acid Amplified Tests (NAATs) or Culture, enzyme immunoassay (EIA), DNA probe (Gen-Probe PACE II), direct fluorescent antibody (DFA). Culture has the advantage of antibiotic susceptibility testing.

RECTUM

Most cases asymptomatic.

Occasional severe proctitis.

Anal irritation, painful defecation, constipation, rectal bleeding and/or discharge, tenesmus, mucopus and mucosal erythema.

Diagnostic laboratory testing:

Use of NAATs on rectal samples require internal validation by the lab that processes your test samples.

Culture only FDA approved test at this anatomical site.

IMPORTANT PHYSICAL EXAM FINDINGS AND RECOMMENDED SPECIMEN TYPES

ANORECTAL

SKIN OF THE ANUS

Check for ulcerations, condyloma or other lesions.

RECOMMENDED SPECIMENS

Rectal swab for Gonorrhea culture (and Chlamydia culture if available). Anoscopic exam and specimen collection (including gram stain for Gonorrhea if available) should be considered in patient with rectal symptoms and recent history of anal receptive sex.

GENITAL

PUBIC HAIR

Assess for crabs or nits.

SKIN OF THE PENIS, SCROTUM, AND PERINEUM

Identify lesions or eruptions consistent with primary or secondary Syphilis, herpes, condyloma accuminata, molluscum contagiosum, or scabies.

URETHRAL MEATUS

Check for papular lesions consistent with intraurethral warts; discharge (following milking/stripping of the penis).

TESTES AND EPIDIDYMIS

Assess for swelling or tenderness consistent with epididymitis.

RECOMMENDED SPECIMENS

Urine or intra-urethral swab (inserted 2-3 cm) for Gonorrhea and Chlamydia testing. Gram stain of urethral smear if available. If trichomonas urethritis is suspected, first void urine (concentrated 10x) for trichomonas, or urethral swab/urine for culture. Special testing (e.g. Darkfield or HSV culture) of lesions if present.