

# 28 Gynaecology

## SEXUALLY TRANSMITTED INFECTIONS

- Vaccines available for HPV, Hep A, Hep B
- Contact tracing

### Ix

- Mid stream urine for m/c/s
- 1<sup>st</sup> catch urine for NAAT (**C Trachomatis, N Gonorrhoea**)
- Urethral swab if discharge (**N Gonorrhoea** sensitivities)
- HIV & Syphilis serology
- Swab for HSV type-specific NAAT
- Endocerv swab for NAAT (**C Trachomatis, N Gonorrhoea**)

### Presumptive Management

- Use PID regime if female

### Epididymo-orchitis

- **Chlamydia & Neisseria** most common
- Other causes: instrumentation, mumps, syphilis
- Mx (sexually acquired)
  - **Ceftriaxone** 500mg IV + **Azithromycin** 1g PO
  - **Azithromycin** 1g PO 1 week later
- Mx (non-sexually acquired) - as per UTI

### Genital Ulcers

- HSV, Syphilis, Chancroid, Donovanosis

### HSV

- HSV1 usually initial, HSV2 usually recurrent
- Clusters of painful blisters → heal after 2w
- Mx: **Valaciclovir** 500mg BD 5d  
(↓ duration if < 72hrs onset)

### Chancroid

- **Haemophilus Ducreyi**
- Painful non-indurated, necrotic base, undermined edges
- Associated with supportive lymphadenitis
- Uncommon in Aus
- Mx: **Ceftriaxone** 500mg IV once only

### Donovanosis

- **Klebsiella granulomatis**
- Raised, beefy nodules
- Chronic condition so follow up essential
- **Azithromycin** 500mg OD 7d

### Syphilis

- **Treponema pallidum**
- Mx: Early (< 2y): **Procaine Penicillin** 1.5g IM 10d  
Late (>2y): **Procaine Penicillin** 1.5g IM 15d  
3ry Syphilis: **BenPen** 1.8g q4h 15d

### Pelvic Inflammatory Disease

- Menstruation can set off
- Chlamydia > Gonorrhoea

### Risk Factors

- Multiple partners
- Early 1<sup>st</sup> encounter
- High fq coitus
- Cervical instrumentation

### Complications

- Infertility
- Chronic pain
- Ectopic pregnancy
- Abscess
- Fitz-Hugh Curtis syndrome  
(liver cap adhesions)

### Management

- Sexually acquired
  - **Ceftriaxone** 500mg IM
  - **Metronidazole** 400mg BD 14d
  - **Azithromycin** 1g stat & 1wk later
- Not sexually acquired
  - **ADF** BD 14d
  - **Doxycycline** 100mg BD 14d
  - Pen allergy = **Cipro** 500mg BD 14d/**metro** 14d

### Vulvovaginitis

#### Bacterial vaginosis

- Amsel criteria:
  1. Thin, white, homogenous discharge
  2. Vaginal fluid pH > 4.5
  3. Clue cells
  4. Fishy odour when adding alkali  
(3/4 = bacterial vaginosis)
- Mx: **Metronidazole** 400mg PO BD 5d

#### Trichomoniasis

- Vulval itch, inflamed vagina/cervix, yellow-green discharge
- Fresh wet prep shows mobile trichomonads
- Mx: **Metronidazole** 2g single dose

## PREGNANCY PROPHYLAXIS

### LNG-ECP

- Levonorgestrel Emergency Contraceptive Pill
- Oral
- 90% effective within 3 days
- 1.5mg single dose

### UPA

- IUD made of copper
- 98% effective within 5 days

## ADNEXAL/OVARIAN TORSION

- USS not 100%
- Vomiting a key feature in 70%

### Risk Factors

- Pregnancy
- Anything that makes ovaries big: cysts, tumour, chemical induction of ovulation

### Complications of Female Genital Mutilation

- Recurrent UTIs
- High residual volume
- Sexual dysfunction/pain
- Infertility
- Childbirth complications
- Cysts
- More surgery later