Medicine for Managers

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Gonorrhoea

Gonorrhoea has been recognised since biblical times and it may have been introduced into Britain by the Romans. This sexually transmitted disease, colloquially known as 'the clap', has been the subject of medical interest for many centuries; all kinds of treatments including mercury and silver nitrate were tried but it was the advent of antibiotics which first achieved successful resolution of infection.

Gonorrhoea is a bacterial infection caused by the organism *Neisseria gonorrhoeae*.

It is transmitted between couples during intimate relations and it is reported that the risk of a man acquiring the infection from an infected woman during vaginal intercourse is about 20%.

For a man having intercourse with a man, the risk is more than doubled. For women the risk of contracting the infection during intercourse with an infected man is about 75%. The risk is considerably reduced if barrier contraception is employed.

Fortunately the bacterium is not robust and does not survive outside the body for long and so it is not transmitted by kissing, cuddling or using each other's towels (and certainly not from toilet seats!). The risk of catching the infection is increased in those who change partners frequently or who don't use a barrier form of contraception (particularly with casual relationships).

It is the second most common sexually transmitted infection after chlamydia and most commonly affects the under-25s.

The symptoms are very variable and about 10% of men and 50% of women will not experience any obvious features of the disease when infected.

In such circumstances transmission of the disease during a sexual relationship can occur without realising it.

For most people symptoms appear about ten days after infection although it may be delayed by weeks or even months. Men

suffer a yellow or green discharge from the penis, dysuria (pain on micturition) and reddening and swelling of the foreskin.

For women a thick yellow or green discharge, dysuria, intermenstrual bleeding and sometimes vaginal or lower abdominal pain are the key features.

With anal intercourse men or women may develop pain and discharge and if infected bodily fluid contacts the eyes a gonococcal conjunctivitis may occur with all the usual characteristics of acute infection.

Diagnosis is very important because of the infectious nature of the disease. Anyone with suspicions that they might have contracted the disease should go straight to a genito-urinary clinic for testing or to the GP if they prefer.

Normally swabs are taken from the penis in men or from high in the vagina in women. If there is a suspicion of anal, throat or conjunctival infection, then swabs will be taken from those areas too.

In addition normally a urine sample is requested and patients may also be required to submit to blood testing. The tests usually include examination for other sexually transmitted diseases.

Once the organism has been identified and the sensitivity to particular antibiotics has been confirmed the infection can normally be destroyed by a single antibiotic injection or a short course of tablets.

The symptoms of infection usually disappear within a few days. Sex should not occur until it is certain that the infection has been eliminated by ensuring the patient (and the partner) have the necessary treatment.

The genito-urinary clinic can operate a contact tracing service and this may be particularly important for those patients who have been generous with their sexual favours.

The clinics appreciate the importance of confidentiality and, these days, they are tailored to providing discrete patient sensitive services.

Gonorrhoea quickly identified and treated is unlikely to result in complications.

However, delay in treatment or recurrent infections may produce complications, particularly in women where pelvic infection can result in blockage to the Fallopian tubes and consequent infertility.

Men can develop chronic infection of the testes and occasionally fertility can be damaged.

Persistent eye infections can lead to progressive blindness particularly in infants who acquire the infection during delivery.

Very rarely the infection may lead to gonococcal septicaemia (blood poisoning with the infection) leading to multi-organ disease including gonococcal meningitis.

For casual relationships there is no substitute for effective barrier contraception.

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