



A blue spiral-bound notebook with a silver metal spiral binding at the top. The notebook is open to a blank page.

Sexually Transmissible Infections

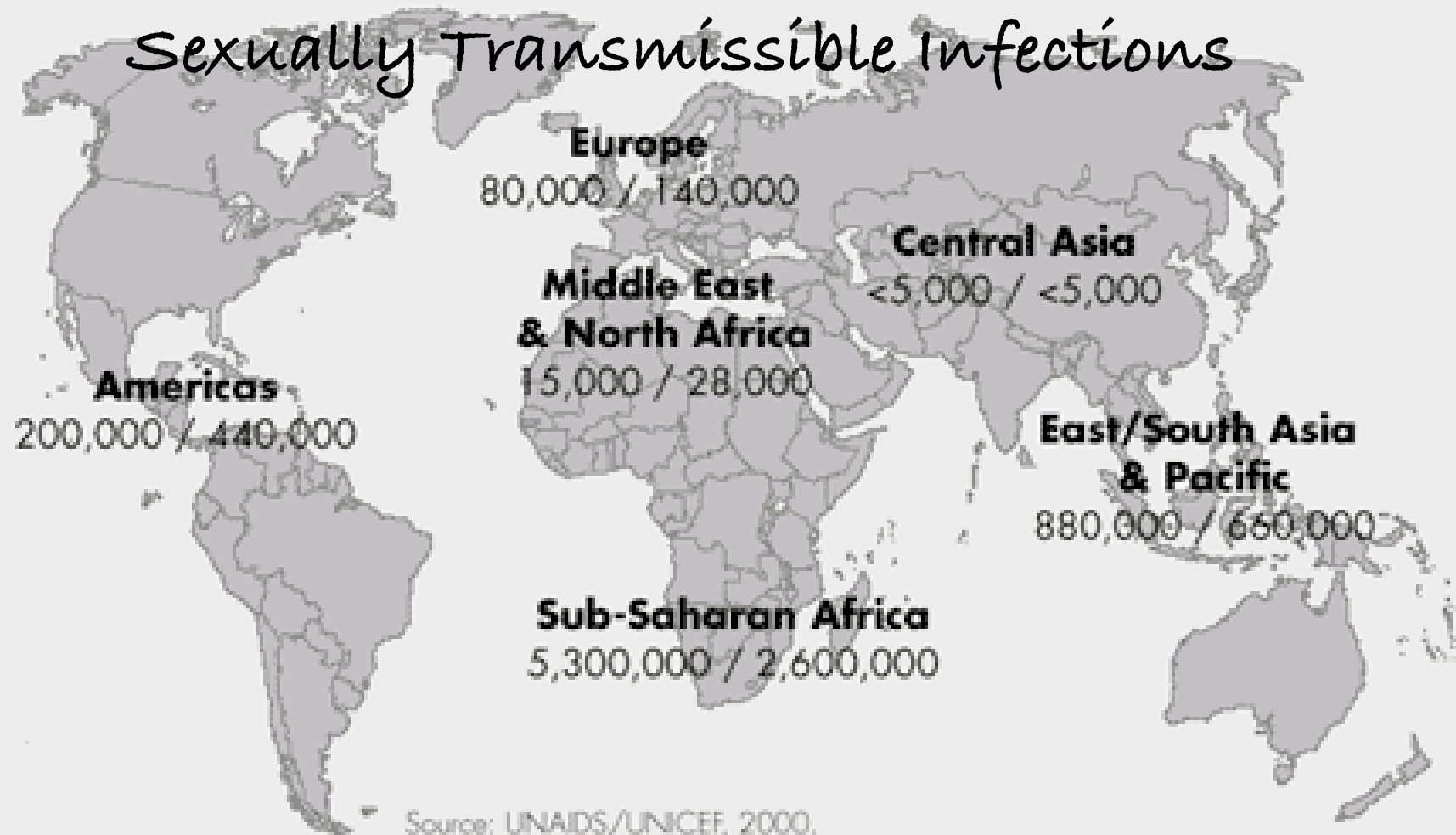
Dr Ian Denham

Sexual Health: Sex without fear of:



- infection acquisition
- infection transmission
- unwanted pregnancy
- coercion
- pain
- the performance itself

Sexually Transmissible Infections



STIs in Victoria

- Commonly viral
 - Herpes simplex
 - Human papillomavirus
- Sometimes bacterial
 - Chlamydia trachomatis
 - Neisseria gonorrhoeae
- Uncommonly
 - Trichomonas vaginalis
 - Human immunodeficiency virus
 - Treponema pallidum

Sexually associated conditions

- Infections
 - candidiasis
 - bacterial vaginosis
 - "nonspecific" infections
 - conventional organisms
- Dermatoses
- Miscellanea
- Anxiety

STIs: core knowledge

- Herpes
- Warts
- Chlamydia
- Gonorrhoea
- Screening/Testing

A spiral-bound notebook with a dark blue cover and a white page. The spiral binding is visible at the top. The text "Genital herpes" is written in a white, sans-serif font in the center of the page.

Genital herpes



Genital herpes 1

- Most first presentations are not initial infections



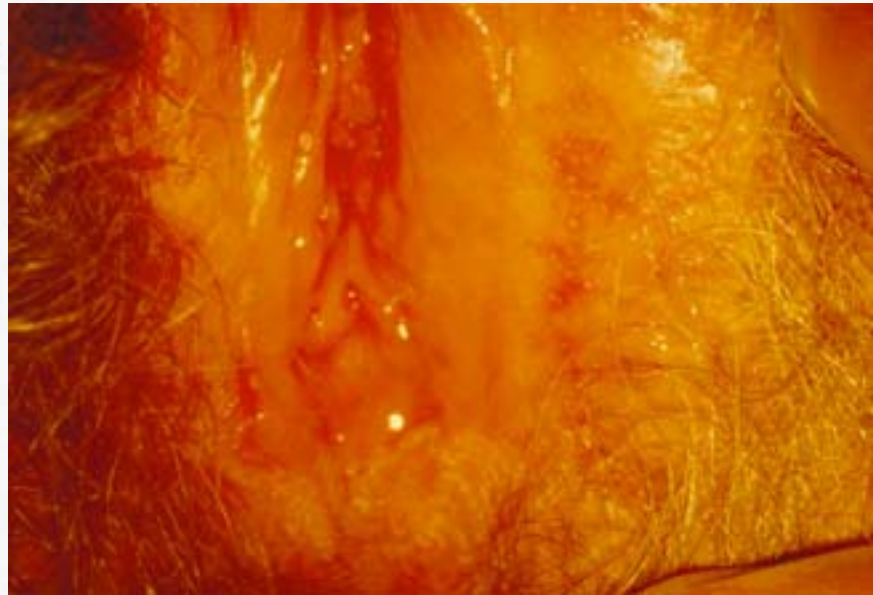
Genital herpes 2

- It may look like herpes, but it may be something else



Genital herpes 3

- It may not look like it, but it may be herpes



Genital herpes 4

- HSV-1 and HSV-2 are not the same



Genital herpes 5

- Always treat first presentations of herpes



Genital herpes 6

- Don't withhold suppressive therapy from those who need it



Genital herpes 7

- There is no "safe" period when transmission won't occur



Genital herpes 8

- Transmission to regular partners is not inevitable



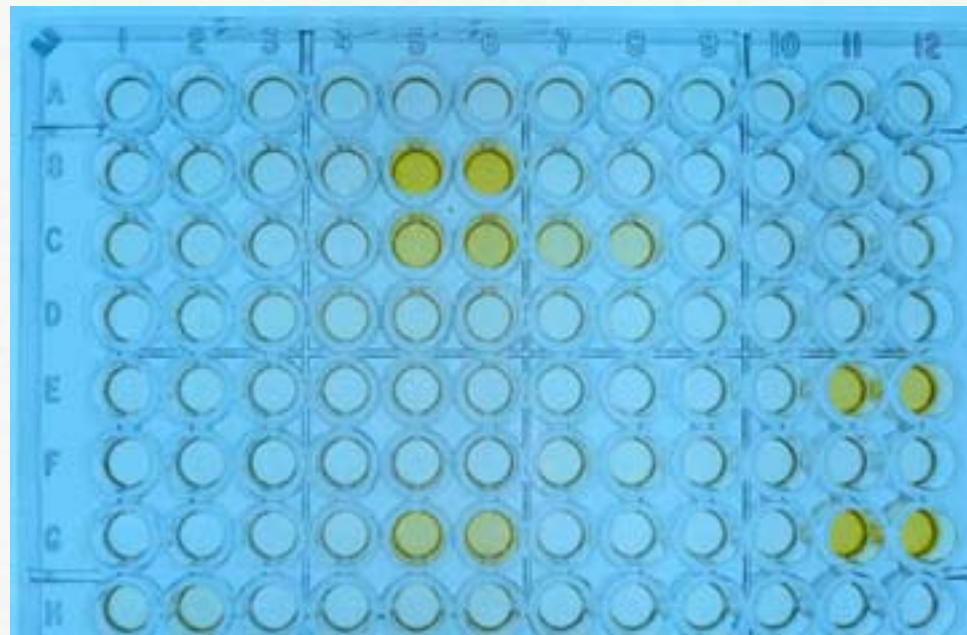
Genital herpes 9

- Herpes does not prevent normal vaginal delivery



Genital herpes 10

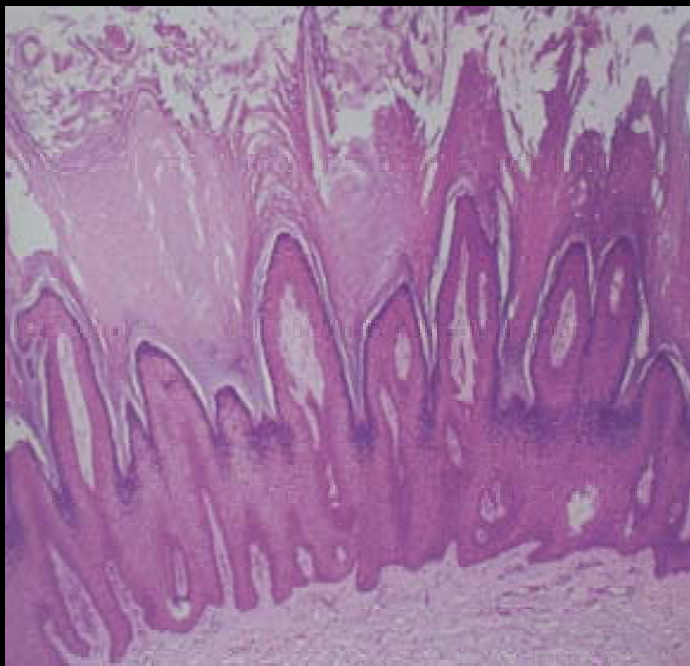
- Be careful when interpreting herpes serology results



A blue spiral-bound notebook with the text "Genital warts" centered on the page.

Genital warts





Immunology of HPV infection

- non-cytopathic virus
- immunologically sequestered
- spontaneous clearance is cell-mediated
- manifestations in immune deficiency
- global response to local treatment
- long term immunity

Natural history of acute primary 6/11 infection

- incubation
- proliferation
- immune recognition
- resolution

Proliferative stage

- repeated treatments
- local recurrences
- local reactivation
- new warts at new sites
- LGEC on cytology



Established warts

- repeated treatments
- local recurrences



Resolution

- no treatment
- residual HPV



The problems with treating warts

- time burden
- duration till resolution
- pain and discomfort
- psychosexual impact
- expense

Wart treatments

Antiproliferatives

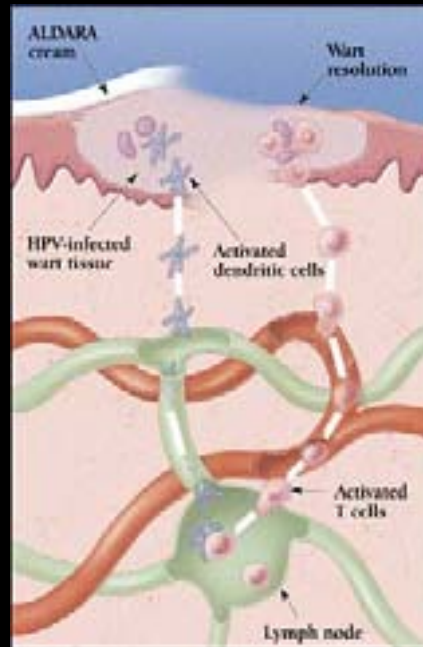
podophyllin*
podophyllotoxin
5-fluorouracil
bleomycin

Ablative therapy

cryocautery*
electrosurgery
laser vaporisation
scissor excision
caustic agents

Immunotherapy

dinitrochlorobenzene
immunomodulators:
interferon
therapeutic vaccines
inosine pranobex
levamisole
cimetidine
retinoids
imiquimod



Imiquimod vs other therapies

- excellent results in acute primary HPV infection
 - vulvar
 - perianal
 - under prepuce
- only practical self-applied treatment for women
- a "natural" therapy
- treats the cause rather than effect
- treats subclinical infection
- low recurrence rate
- co-treats multiple-type infection
- relatively inexpensive

Imiquimod vs other therapies

- for external warts only
- not all women want self-applied treatment
- adverse effects are mild, but may cause problems
- not recommended in children, pregnancy
- may weaken condoms
- not effective in all cases
- relatively expensive

Acute primary HPV infection

- a medical problem, not surgical
- a significant psychosexual problem
 - response to therapy is slow
 - concerns re:
 - dysplasia
 - partners
 - persistence

When managing patients with warts, don't...

...promise a quick fix

...imply incurability

...overinvestigate partners

...overstate risk of CIN

...use one Rx for all

...refer prematurely

