Integrated Course
Microbiology & Pathology

Pathology of Sexually Transmitted Diseases II

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Lymphogranuloma venereum (inguinale)

Nicolas-Favre-Durand 1913

Chlamydia trachomatis

- mucous ulcer (glans, urethra, vulva, vagina)
- regional lymphadenitis (n. inguin. int. ext.)
- poradenitis (purulent fistulae)
- elephantiasis (glans penis, vulva)
Lymphogranuloma venereum (inguinale)
Chronic lymphogranuloma venereum in female. Genital elephantiasis
Granuloma inguinale (donovanosis)

Donovanosis is generally regarded as an STI.

- **Arguments cited in support of an STI origin:**
- History of sexual exposure in most patients before the appearance of lesions
  - Increased incidence in age groups with highest sexual activity
  - Lesions on the cervix only
  - Anal lesions found in homosexual men practising receptive anal intercourse
  - Genital infection usual
  - Concurrent STIs
  - Outbreaks linked to a specific sex worker.

Etiology: Klebsiella granulomatis
Granuloma inguinale (donovanosis)

Factors against an STI origin

- Occurrence in young children and sexually inactive adults
- Relatively rare in sex workers
- Rare in sexual partners of index cases
- Unusual sites of primary non-genital lesions
- No well defined incubation period.
Donovanosis is endemic in various parts of the world.

It has been reported to co-exist with the human immunodeficiency virus (HIV) infection.

Co-existent squamous cell carcinoma (SCC) in an HIV positive patient.

The patient did not respond to treatment for donovanosis and on biopsy the patient had coexistent SCC - hitherto unreported with granuloma inguinale.
“Clue cell”
Gardnerella vaginalis
SF (cocci)
Chlamydia
Chlamydia (& SIL?) Reactive changes?
Giardia lamblia, Chilomastix mesnili, Trichomonas hominis, and Trichomonas vaginalis
(Drawings from iron-hematoxylin stained smears)
Trichomoniasis
Trichomonas vaginalis
Candidosis vaginae