Patient with new genital lesion or suspicious genital ulcer

**SEXUAL HISTORY, RISK ASSESSMENT, & PHYSICAL EXAM**

- **Sexual History, Risk Assessment (past year):**
  - Gender of partners, number of partners (new, anonymous, serosorting HIV status, exchange of sex for drugs or money)
  - Types of sexual exposure
  - Recent STDS; HIV serostatus
  - Substance abuse
  - Condom use
- **History of Syphilis:**
  - Prior syphilis (last serologic test & last treatment)
  - Recent STDs; HIV serostatus
  - Types of sexual exposure
  - Gender of partners, number of partners

**DIAGNOSTIC WORK-UP**

- **TREATMENT & FOLLOW-UP**
  - Treatment of Primary Syphilis
    - **Primary Syphilis**
      - Treant, obtain quantitative RPR and treponemal tests on treatment date, report to health department, partner management, & follow-up.
    - **Presumptive Primary Syphilis**
      - Treant, obtain quantitative RPR and treponemal tests on treatment date, report to health department, partner management, & follow-up.

- **Presumptive Primary Syphilis**
  - Treant, obtain quantitative RPR on treatment date, report to health department, partner management, & follow-up.

**DIAGNOSTIC ISSUES IN PRIMARY SYPHILIS**

- Darkfield = Not sensitive, varies with skill of examiner; decreased sensitivity as lesion ages
- A negative RPR/VDL does not exclude syphilis diagnosis; 
- Use same test (RPR or VDLR) in sequential testing; titers are not interchangeable.
- Need both non-treponemal (RPR or VDLR) and treponemal test (TP-PA, FTA-ABS, EIA, CIA) to make syphilis diagnosis.
- Treponemal tests can remain positive for life; utility limited in patients with history of prior syphilis, comparison of non-treponemal titers needed.
- RPR/VDLR titer interpretation should be taken in context of prior titers, clinical scenario and documented treatment history.

**REPORTING & PARTNER MANAGEMENT**

- **All syphilis cases and presumptive cases must be reported to the local health department within one working day of diagnosis.**
- Local health departments will assist in partner notification & management.
- **Contact Number at Local Health Departments:**
- **CLINICAL PRESENTATIONS OF PRIMARY SYphilIS**
  - Lesion appears 10-90 days after contact at site of exposure; may persist for 3-21 weeks then resolves.
  - Usually genital or, may be extragenital, depending on site of exposure.
  - Clinical presentation, typical or atypical.
  - Typical: single, painless, indurated, clean-based ulcer with rolled edges & bluish gray pseudomembrane.
  - Atypical: can mimic herpes & other genital ulcers.
  - More than one etiology can be present at the same time.

**TRAINING CENTERS**

- STD Training Centers, California STD Controllers Association, Division of STD Prevention of the Centers for Disease Control and Prevention.

**Photo Credits**

- Denver Metro Health Clinic
- Advanced Testing and follow-up.
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**ACKNOWLEDGMENTS**

- Medical Directors from the National Network of STD Clinical Prevention Training Centers, California STD Controllers Association, Division of STD Prevention of the Centers for Disease Control and Prevention.