

Sexually Transmitted Diseases/Infections

Chancroid

Chancroid is a bacterial infection caused by *Haemophilus ducreyi*. It is spread by sexual contact and results in genital ulcers. Chancroid is a reportable genital ulcer condition that is rarely seen in North Carolina. When infection does occur, it is usually associated with sporadic outbreaks. Chancroid, as well as genital herpes and syphilis, is a risk factor in the transmission of HIV infection.

Chancroid lesions may be difficult to distinguish from ulcers caused by genital herpes or syphilis. A physician must therefore diagnose the infection by excluding other diseases with similar symptoms. The combination of a painful genital ulcer and tender suppurative inguinal adenopathy suggests the diagnosis of chancroid. A probable diagnosis of chancroid, for both clinical and surveillance purposes, can be made if all of the following criteria are met: 1) the patient has one or more painful genital ulcers; 2) the patient has no evidence of *T. pallidum* infection by darkfield examination of ulcer exudate or by a serologic test for syphilis performed at least 7 days after onset of ulcers; 3) the clinical presentation, appearance of genital ulcers and, if present, regional lymphadenopathy are typical for chancroid; and 4) a test for HSV performed on the ulcer exudate is negative. A definitive diagnosis of chancroid requires the identification of *H. ducreyi* on special culture media that is not widely available from commercial sources; even when these media are used, sensitivity is less than 80 percent. No FDA-cleared PCR test for *H. ducreyi* is available in the United States, but such testing can be performed by clinical laboratories that have developed their own PCR test and have conducted a CLIA verification study.

Chancroid can be treated effectively with one of several antibiotics. Successful treatment for chancroid cures the infection, resolves the clinical symptoms, and prevents transmission to others. Patients should be re-examined 3–7 days after initiation of therapy. If treatment is successful, ulcers usually improve symptomatically within 3 days and objectively within 7 days after therapy. If no clinical improvement is evident, the clinician must consider whether 1) the diagnosis is correct; 2) the patient is coinfecting with another STD; 3) the patient is infected with HIV; 4) the treatment was not used as instructed; or 5) the *H. ducreyi* strain causing the infection is resistant to the prescribed antimicrobial.

For more information:

- CDC STD Treatment Guidelines 2010 – Chancroid, <http://www.cdc.gov/std/treatment/2010/genital-ulcers.htm#chancroid>
- CDC STDs Today, www.cdcnpin.org/scripts/std/std.asp#1b