Summary

Fifty years old married police officer from Bibila, voluntarily came to the STD clinic Kalubowila since he had painless genital ulcers for the period of one month and urethral discharge for ten days duration. He had last sexual exposure with a casual male partner, which was an unprotected insertive anal exposure five weeks back.

On Examination, healing indurated ulcer was noticed over the coronal sulcus with another small painless non-indurated ulcer over the frenulum of the penis. He was found to have scaly lesions over the scrotum &hyper-pigmented macular lesions over bilateral palms and soles. There was a slight wetness over the urethral meatus. He also had left side enlarged inguinal lymph node, which was rubbery and non-tender.

Smear was taken from the non-indurated ulcer over the frenulum of the penis, as there was no exudate found over the healing indurated ulcer at coronal sulcus.It was negative for giant cells & dark ground examination. However, his serological tests discovered a high VDRL titer (R 64) and positive TPPA. The gram stained urethral smear was negative for gram-negative diplococci and, more than>30 polymorpho-nuclear leucocytes (PMNL) per high power field (*1000) with 22 – 24 polymorpho-nuclear leucocytes in the first passed urine deposit. His urethtral gonococcal culture was negative. Considering the clinical features and investigation results, he was diagnosed as having secondary syphilis with non-gonococcal urethritis.

He was treated with doxycycline 100mg two times a day for fourteen days as he had a history of allergy to coamoxyclave. His spouse was also investigated at STD clinic Monaragala and she was epitreated with doxycycline 100mg two times a day for 14 days as her sensitivity test for penicillin was positive. The non-regular male partner was difficult to find out.