

Comparison of Genital Infections

Feature	Genital Herpes	Chancroid	Genital Warts	Pelvic Inflammatory Disease (PID)
Etiology	HSV-2 (most common), HSV-1	Haemophilus ducreyi	HPV types 6 & 11 (90%) Types 16 & 18 → SCC	Often N. gonorrhoeae, C. trachomatis Can be post-surgical
Epidemiology	>400 million affected globally ~1 in 5 US adults	Previously most common in Asia & Africa	Affects up to 50% of population	Often linked to STIs or IUD use
Lesion/Pathology	Vesicles → ulcerate Recurrent outbreaks (esp. HSV-2)	Painful papules → pustules → sloughy, hemorrhagic ulcers	Exophytic warts Koilocytes (HPV hallmark)	Inflammation of uterus, tubes, ovaries; may cause abscess
Symptoms	Malaise, fever, adenopathy in primary Mild or asymptomatic reactivation	Painful genital ulcers	Burning, pruritus, discomfort Often painless	Pelvic/lower abdominal pain Cervical motion tenderness
Diagnosis	PCR, viral culture, antigen detection	Clinical, syndromic approach (with syphilis)	Clinical, Pap smear detects dysplasia	Clinical + NAATs, MRI, histopathology
Treatment	Acyclovir, valacyclovir, famciclovir (not curative) Symptomatic care	Single dose: azithromycin or ciprofloxacin or IM ceftriaxone	Gardasil vaccine for prevention No specific treatment mentioned	Broad-spectrum antibiotics (empirical)
Complications	Latency & recurrence Asymptomatic shedding (10–20% of days)	Ulcers can enhance HIV transmission	Risk of cervical cancer (types 16, 18)	Infertility, ectopic pregnancy, chronic pain
Prevention	Daily antivirals reduce symptoms, not transmission	WHO syndromic therapy	Gardasil vaccine before sexual activity	Screening, STI control, early treatment