

Comparison of Genital Infections

Cause	Characteristic	Etiology	Diagnosis	Medication	Outcome	Extra Information
Syphilis (Treponema pallidum)	Spirochete (not visible on Gram stain)	STI by direct contact with syphilitic lesion	Dark field microscopy (chancre), Serologic tests: VDRL, RPR (screen), FTA-ABS (confirm)	Benzathine Penicillin G	If untreated: CNS and cardiovascular disease, congenital syphilis	3 stages: Primary (chancre), Secondary (rash, mucous patches), Tertiary (systemic)
Gonorrhea (Neisseria gonorrhoeae)	Gram-negative diplococci, often intracellular in PMNs	STI through vaginal, anal, or oral sex	Gram stain (men), NAAT, culture (especially for legal proof)	Ceftriaxone 500 mg IM + Doxycycline 100 mg bid x7d	PID, infertility, ectopic pregnancy, neonatal conjunctivitis	Commonly co-infected with Chlamydia
Chlamydia (Chlamydia trachomatis)	Obligate intracellular bacteria (not seen on Gram stain)	STI, vertical transmission possible	NAAT (most sensitive), culture (for medico-legal use)	Doxycycline 100 mg bid x7d or Azithromycin 1g PO if pregnant	PID, infertility, ectopic pregnancy, neonatal conjunctivitis/pneumonia	Often asymptomatic; most common bacterial STI
Mycoplasma (Mycoplasma genitalium)	Lacks cell wall (not seen on Gram stain), very small	STI, more recently recognized pathogen	NAAT (specialized)	Doxycycline followed by Moxifloxacin	Nongonococcal urethritis, PID, cervicitis	Resistant to beta-lactams due to lack of cell wall