

Chancroid (*H. ducreyi*)

- An erythematous papule within hours to days of sexual exposure
- Over the following 1–2 days, the papule evolves into a pustule that breaks down and becomes a painful ulcer.
- Usually seek health care at the stage of the painful ulcer.
- Among men,
 - the ulcers are usually on the penis (foreskin, shaft and sometimes on the glans), and
 - as many as 50% develop unilateral or bilateral painful inguinal lymph nodes.
 - Large, painful, fluctuant lymph nodes (buboes) may also occur.
 - If not treated, buboes may suppurate and form fistulae or ulcers.
- In women, ulcers of chancroid are on the vulva, and anal ulcers from autoinoculation may also occur.
 - Ulcers among women may be asymptomatic, especially when they are internal.
 - Women do not frequently present with inguinal adenopathy because of the different lymphatic drainage.
- However, chancroid ulcers often have atypical clinical appearances and may dispel suspicion of chancroid, with some small ulcers mimicking infected genital herpes.
- In HIV infection, the ulcers may be less purulent and resemble syphilitic chancres.
- Also, people with immunosuppression may have rapidly aggressive and erosive ulcers of chancroid to the point of anatomically destroying the genital organs.

1st Line treatment	Alternative treatment
• Azithromycin 1gm x1 or • Ceftriaxone 250mg IM x1	• Ciprofloxacin ² 500mg BID x3days or • Erythromycin 1 gm BID x7days

¹ Ciprofloxacin should not be used for pregnant or lactating women. Ciprofloxacin should not be used in children < 16yrs.

Reference

- WHO STI guideline 2021
- MAM STI SOP 2023