

STI management flow chart in low risk women

- No need of presumptive treatment
- Not appropriate with syndromic management
- Do history taking, physical and laboratory examination, then treat accordingly

1st Step

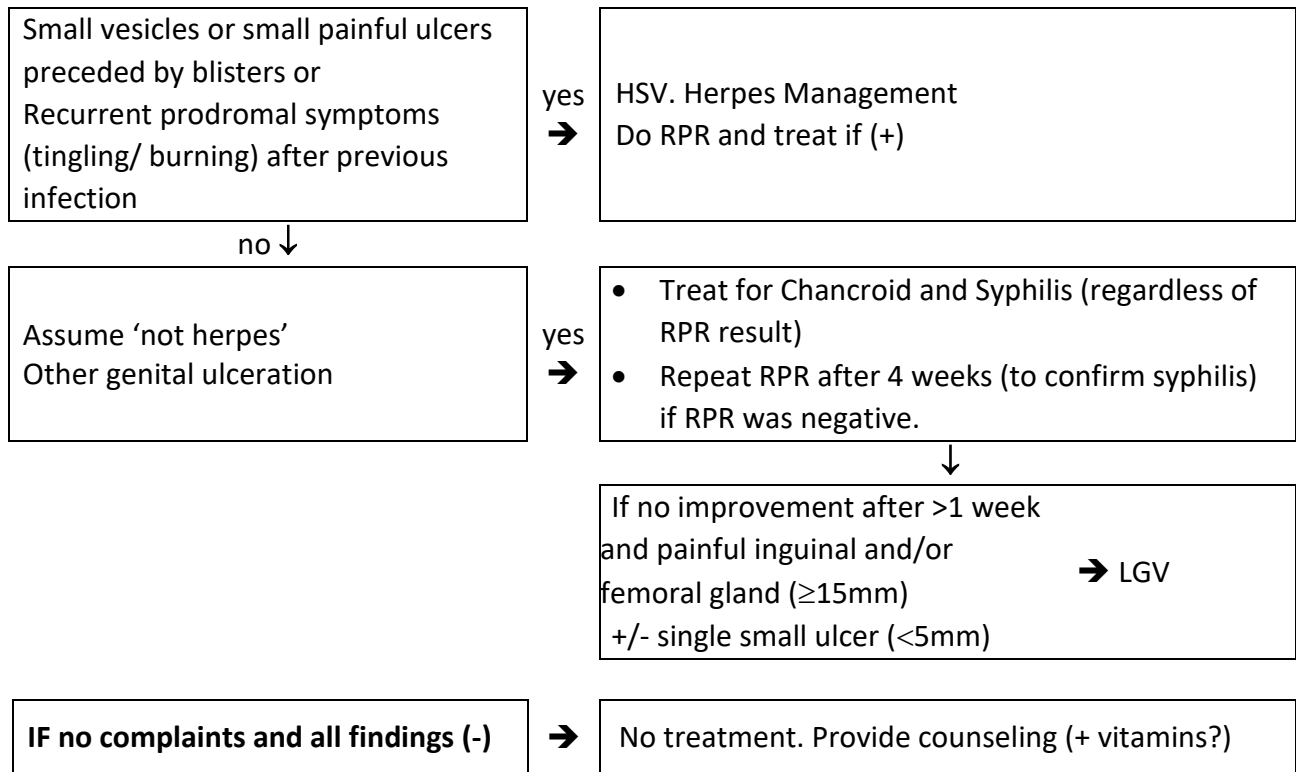
Main complaint* : <u>abnormal</u> vaginal discharge or <u>abnormal</u> malodour	yes ➔	Treat for TV/BV
Main complaint* : vulvar pruritis/burning	yes ➔	Treat for Candida
<p>* A patient should first get an open question, like “what is your main complaint”. Abnormal vaginal discharge / malodour, or pruritus should be the chief complaint, spontaneously expressed by the patient. It should not be an elicited complaint (= in answer to the question “do you have pruritus?”).</p>		

2nd Step

Speculum + Laboratory exam	➔	Cervical motion tenderness?	exclude PID
		Treat for Syphilis if RPR (+)	
		(≥3 out of 4) <ul style="list-style-type: none"> • Homogenous discharge • KOH smell (+) • PH ≥ 4.6 • >20% clue cells ➔ TV/BV If TV (+); partner Tx	
		Vulvar erythema ± discharge ± Candida (usually KOH smell (-) and pH ≤ 4.5) ➔ Candida	

3rd Step

Signs or symptoms of genital sore?	no ➔	No pathological signs ➔ treat for Syphilis if RPR (+)
yes ↓		



References:

- MAM STI guideline 2023