High-risk male teenager with concurrent gonorrhea and syphilis infection: An alarming call

Sir,

Sexually transmitted infections (STIs) as ulcerative and nonulcerative forms are showing an increasing trend among the men having sex with men (MSM). MSM are now increasingly recognized in India as a group that is associated with increased risk for HIV-AIDS and other STIs.^[1] Social stigma

associated with the same-sex relation is an obstacle in delivering appropriate care which leads to underreported cases of prevalence of STIs among them. They are a vulnerable group for acquiring multiple STIs due to practice of risky unprotected sex often with multiple partners.

An 18-year-old male presented to the sexually transmitted disease clinic of our hospital with a painless genital ulcer of 15 days' duration and profuse creamy-white urethral discharge along with burning micturition for the past 3 days. The patient gave a history of multiple unprotected anal intercourses where he acted as active as well as passive agent with at least three male partners in the previous 3 months. On examination of the external genitalia, there was a single well-defined, round-to-oval-shaped, nontender, nonbleeding, indurated ulcer of size around 1.5 cm in the coronal

Figure 1: Round-to-oval-shaped ulcer along with profuse thick purulent discharge

Figure 2: Gram-stained smear of urethral discharge showing multiple intracellular as well as extracellular Gram-negative diplococci

Figure 3: Cessation of discharge and healing of ulcer after 2 weeks

sulcus at 5 o'clock position. Urethral meatus showed profuse thick purulent discharge which increased on urethral massage [Figure 1]. Multiple inguinal lymph

nodes were enlarged bilaterally and symmetrically with tenderness over enlarged left inguinal lymph nodes. Examination of anal mucosa, oral cavity, skin, and other systems did not reveal any abnormality.

On bedside investigation with Gram staining of the urethral smear taken with sterile cotton swab under aseptic precautions, it revealed multiple intracellular as well as extracellular Gram-negative diplococci [Figure 2]. Venereal disease research laboratory titer was reactive at 1:8 dilutions and *Treponema pallidum* hemagglutination assay was positive which led to the diagnosis of concurrent gonorrhea and syphilis infection in this patient. HIV serology was nonreactive. Intramuscular ceftriaxone 250 mg was given first and then injection benzathine penicillin 2.4 million units after the serology reports of syphilis were positive. The patient was followed up after 2 weeks where he had no discharge and the syphilitic ulcer had almost healed [Figure 3].

STI rates among MSM are on the rise. Higher number of lifetime sex partners, high rates of partner change, unprotected sex, and anal intercourse are contributing factors for acquiring STIs.^[2] Multiple STI infections may occur concurrently. Gonorrhea and chlamydia coinfection exists most of the time, but Bala *et al.* in their study observed that gonorrhea and syphilis together were the most common coinfection.^[3] In another study by Choudhry *et al.*, syphilis was found to be the most common infection to be associated with multiple STIs and it was also associated with HIV infection.^[4] This case highlights that syphilis is still prevalent nowadays, and possibility of other coinfection especially gonorrhea should be ruled out in patients with high-risk behavior like MSM. The issue of proper counseling, support, and guidance about safe sex practices among the MSM is stressed upon through this article.

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Conflicts of interest

There are no conflicts of interest.

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REFERENCES

1. Patel VV, Mayer KH, Makadon HJ. Men who have sex with men in India: A diverse population in need of medical attention. *Indian J Med Res* 2012;136:563-70.
2. Gurumoorthy RK, Sankar M, Vishwanath S. Co-infection of syphilis and gonorrhea: Double Venus's curse on a homosexual male. *Indian J Sex Transm Dis AIDS* 2015;36:214-5.
3. Bala M, Mullick JB, Muralidhar S, Kumar J, Ramesh V. Gonorrhoea and its co-infection with other ulcerative, non-ulcerative sexually transmitted and HIV infection in a Regional STD Centre. *Indian J Med Res* 2011;133:346-9.
4. Choudhry S, Ramachandran VG, Das S, Bhattacharya SN, Mogha NS. Characterization of patients with multiple sexually transmitted infections: A hospital-based survey. *Indian J Sex Transm Dis AIDS* 2010;31:87-91.

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