

# **Sexually Transmitted Infections Treatment Made Easy**

Cheat Sheet  
By Dr Hema Esh



**[www.CSA SmartGroup.com](http://www.CSA SmartGroup.com)**

## STIs Treatment Made Easy

### MOST IMPORTANT POINTS

1. Bacterial Vaginosis is **NOT** a STI,  
BUT Trichomonus Vaginalis is an STI  
Patient might be worrying that it might be a STI.  
So explore the ideas, concerns and expectations in detail.  
Tailor your explanation according to it.

2. Explore the use of Alcohol  
Remember: Alcohol can cause antabuse like reaction with Metronidazole.  
So alert patient to avoid it.  
If they say they cannot – Then go for alternatives like below –  
\*\*\*VERY IMPORTANT – Practice this as a case

#### **My Tip :-)**

Tinidazole for Trichomonas Vaginalis ( T for TV)  
Clindamycin for Bacterial Vaginosis. ( B → C)

3. check ALLERGY status, Drug interactions, Pregnancy status...
4. Rule out STI risk in reactive arthritis in young ( Practise this as a case)
5. Suggest referral to GUM clinic for contact tracing
6. Treat partners simultaneously.
7. Check previous STI Rx and rule out any resistance to Antibiotics!
8. Certain Vaginal preparations may affect latex Condoms – so alert the patients.

## STIs Treatment Made Easy

### 1. TRICHOMONAS VAGINALIS (\*STI\*)

Metronidazole 2 gm stat or 400mg BD for 7 days.

Alternative if alcohol use – Tinidazole 2 gm stat ( Practise as a case)

or Clotrimazole pessary 100mg nocte for 6 days.

If Pregnant – Avoid high dose Metronidazole or use pessary for symptomatic Rx & Treat Post natally.

### 2. CHLAMYDIA

Azithromycin 1 gm stat or

Doxycycline 100mg BD for 7 days.

If pregnant – Treat for 14 days with

Erythromycin OR AMOXICILLIN – 250MG QDS or 500mg BD

### 3. GONORRHEA

Ceftriaxone 250mg IM, Ciprofloxacin 500mg stat, Doxycycline 100mg BD for 7 days.

### 4. SYPHILIS

EARLY – Doxycycline/ Erythromycin for 14 days

LATENT – BBP weekly for 2 weeks & Doxycycline for 28 days.

ASYMPTOMATIC CONTACT FOR INFECTIOUS SYPHILIS – Doxycycline for 14 days. (Practice this as a case)

### 5. PID

(Be familiar with local protocol)

Doxycycline 100mg BD or Ofloxacin 400mg BD 14 days

plus Metronidazole 400mg BD for 7 days.

### 6. EPIDIDYMO- ORCHITIS

( STI until proven otherwise in young men)

Ofloxacin 200mg BD for 14 days.

or

Ceftriaxone 250mg IM stat + Doxycycline 100mg BD for 14 days.

## STIs Treatment Made Easy

### 7. HERPES SIMPLEX

Treat within 72 hrs after rash.

Acyclovir 200mg – 5 times for 5 days.

Please offer Analgesia – Cocodamol or local lignocaine gel or EMLA

Zovirax cream in recurrences (sensilube)

If Pregnant – Acyclovir 200mg 5times for 5 days

Prophylaxis – Acyclovir 40mg BD – No need to monitor LFT.

### 8. GENITAL WARTS

Warticon ( Podophyllotoxin 0.1%) or

Imiquimod (Aldara) – Perianal recurrences

3 days/week for one month and review

In Clinic – Cryotherapy or 95% Trichloro Acetic acid.

### 9. VAGINAL CANDIDIASIS

Clotrimazole cream 10% or pessary 500mg stat

or Fluconazole 150 mg orally stat

or Itraconazole 200mg BD for one day.

USE Canestan HC or sensilube for Inflammation.

### RECURRENT VAGINAL CANDIDIASIS (Practice this case)

– Any of the above – BUT Treat ONCE monthly for SIX months

All topical or oral azoles give 80-95% cure.

In pregnancy- avoid oral azoles.

In Rx failure – send swab for culture.

### 10. BACTERIAL VAGINOSIS (\*\*NOT STI \*\*)

Metronidazole – 2gm stat, or 400mg BD for 7 days

or topically as 5 gm gel ( zidovel) PV for 5 nights.

Alternative : Clindamycin 2% cream PV ( Practice this as a case) for 7 days.

(Practice this case)

If Pregnant – Amoxicillin 500mg QDS for 5 days.

**Get your free training videos**

Visit [www.csasmartgroup.com](http://www.csasmartgroup.com)