

Sore throat, dysuria in a promiscuous male: What is your diagnosis?

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Case History

A 27-year-old male, treated case of early latent syphilis on follow-up, hailing from a nearby town panchayat presented with urethral discharge, painful micturition, pain during swallowing, fever, and body ache for 4 days.

He engaged in unprotected receptive, insertive, and sexual intercourse with unknown males under the influence of alcohol, connected through a mobile application 10 days prior in a nearby metro city.

Oral cavity examination showed multiple necrotic slough patches with surrounding angry-looking erythema over the oropharynx and naso-oropharyngeal junction [Figure 1a]. External urethral meatus was erythematous and edematous, on milking of the urethra revealed scanty, creamy white urethral discharge [Figure 1b]. Proctoscopy revealed edema, erythema at the 5 o'clock position, and purulent discharge at the 11 o'clock position of the rectum [Figure 1c]. Microscopy of the pharyngeal swab revealed Gram-negative intracellular diplococci along with numerous polymorphonuclear leukocytes under microscopy with Gram stain. Chocolate agar culture of the pharyngeal swab did not yield growth of Gram-negative cocci. After the antibiotic therapy, Figure 2 shows grayish-white patches in the mild erythematous oropharynx.

What is your diagnosis?

Multifocal, noncomplicated gonococcal infection involving the oropharynx, urethra, and rectum.

Discussion

Gonorrhea infects epithelial cells through surface proteins such as pili, opa, and LOS facilitating adhesion, cellular invasion, and transmission, leading to tissue invasion and potential dissemination.^[1]

Pharyngeal gonorrhea often poses clinical challenges, including asymptomatic infections and delayed diagnosis, especially in high-risk groups. Gonococcal infections of the pharynx are more difficult to eradicate than infections

at urogenital and anorectal sites, and ceftriaxone is the only recommended regimen for treating pharyngeal infections. This patient responded readily to gray syndromic management kit supplied under the NACO program to all designated STI/RTI clinic (DSRC) which contained tablet cefixime 400 mg plus tablet azithromycin 1 gm. Diagnosis of *Neisseria gonorrhoea* requires testing at specific anatomic sites of infection using nucleic acid amplification tests such as NAAT.^[2] Culture is the gold standard for diagnosis and antimicrobial resistance surveillance. Due to the highly labile nature of the organism and often admixed with normal flora, we could not culture it in spite of multiple attempts. Treatment has been complicated by the development of resistance to multiple classes of antimicrobials over several decades. The pharynx may not only be a reservoir of gonococcal infection, but it may be a reservoir of antimicrobial-resistant gonococcal infection and mixed infections, which often have limited therapeutic options.^[3,4] This could have implications for the prevention and control of gonorrhea in men who have sex with men and in heterosexuals who participate in oral-genital sexual practices. Surveillance is very crucial, emphasizing the need for supportive health-care environments to encourage care-seeking behaviors.

The present case study indicates that male-to-male sexual activity is highly prevalent, even in remote rural areas, and its frequency is amplified by digital footprints.

The asymptomatic nature of the infection poses challenges in the management of pharyngeal gonorrhea. Partner notification, syndromic management correct, and consistent correct continuous condom usage are crucial in preventing the spread of the infection and ensuring successful treatment outcomes. Investigating the wide spectrum of diseases and ensuring appropriate follow-up is important rather than focusing solely on a single infection.

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Figure 1: (a) Multiple oral erosions with surrounding erythema over oropharynx and nasopharynx, (b) creamy white urethral discharge, (c) edema, erythema, and purulent discharge on the rectum



Figure 2: After the treatment (day 5th)

Conclusion

People with high-risk behaviors and partner-seeking through digital platforms are widely prevalent with concomitant concurrent mixed sexually transmitted infections even in remote areas. Health-care providers should inquire about oral sexual exposures in MSM; patients reporting such exposures should be tested and, if infection is present, a regimen with enhanced efficacy against such infection should be provided.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that their name and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

References

1. Springer C, Salen P. Gonorrhea. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2024. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK558903/>. [Last updated on 2023 Apr 17].
2. Holmes KK, Sparling PF, Stamm WE, Piot P, Wasserheit JN, Corey L, *et al.* Sexually Transmitted Diseases. 4th ed. New York: McGraw-Hill; 2008. 627-45.
3. Lim KY, Mullally CA, Haese EC, Kibble EA, McCluskey NR, Mikucki EC, *et al.* Anti-virulence therapeutic approaches for *Neisseria gonorrhoeae*. *Antibiotics (Basel)* 2021;10:103.
4. Singh EN, Mehta T, Bhargava P. High-risk male teenager with concurrent gonorrhea and syphilis infection: An alarming call. *Indian J Sex Transm Dis AIDS* 2021;42:79-81.