

A Probable Case of Chancroid In A Man From Europe Who Travelled To Africa

To the Editor. - Chancroid (soft chancre, *ulcus molle*) is a sexually transmitted infection caused by the bacterium *Haemophilus ducreyi*. The number of cases of chancroid is decreasing, overall, and the eradication of infection is considered to be a feasible objective. However, chancroid is still a cause of genital ulcers in developing countries, especially in Africa and South East Asia. Europeans may contract the disease while staying in these areas. In the UK the Health Protection Agency has reported a total of 450 cases diagnosed in genitourinary medicine clinics in the years 1995-2000. Overall, chancroid accounted for 8 cases (3%) of genital ulcers in a clinic for treatment of sexually transmitted diseases in Paris from 1995 to 2005. Local outbreaks have been reported from various parts of Europe, including Rotterdam and Greenland (1, 2, 3).

We present a case of chancroid in a Bulgarian man, aged 60, who had sexual intercourse with a commercial sex worker in Uganda. Several days after, tender erythematous papule developed, localized on the glans penis and preputium. The papule quickly progressed into pustule, which ruptured and developed into superficial ulcer with ragged and undermined edges. The basis of the ulcer was granulomatous with purulent exudate. The ulcer was soft and painful. Its size was about 2 centimetres across. Secondary infection with beta-haemolytic streptococcus was detected. Regional inguinal bilateral lymphadenopathy was found. Serological testing for *Treponema pallidum*, Human immunodeficiency virus (HIV) and *Chlamydia trachomatis* was negative. There were no clinical signs of Herpes simplex virus (HSV) infection. Therapy with ciprofloxacin (a three-day course of 500 mg orally twice a day) was initiated but improvement was not detected. We assumed resistance of the etiological agent as isolates with intermediate susceptibility to the used quinolone have been reported (4). Later ceftriaxone 250 mg intramuscularly in a single dose was applied with success. No complications were observed. The outcome was favourable (Figures 1 and 2). The patient was advised to abstain from any sexual contact until he completed therapy.

According to the Centres for Disease Control and Prevention (4), a probable diagnosis of chancroid could be made if all of the following criteria are met: 1) the patient has one or more painful genital ulcers; 2) the patient has no evidence of *T. pallidum* infection by dark-field microscopic examination of ulcer exudate or by serological testing for syphilis performed at least 7 days after onset of ulcers; 3) the clinical presentation, appearance of genital ulcer and, if present, regional lymphadenopathy are typical for chancroid; and 4) a test for HSV performed on the ulcer exudate is negative.



Figure 1. Ulceration in early treatment



Figure 2. Ulceration during treatment

Although we did not have an opportunity for HSV testing, we concluded that the presented case is chancroid.

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References

1. Kemp M, Christensen JJ, Lautenschlager S, Mayans MV. European guideline for the management of chancroid 2010.
2. Morse SA. Chancroid and Haemophilus ducreyi. Clin Microbiol Rev 1989; 2: 137-157. PMID: PMC358107.
3. WHO guidelines for the management of sexually transmitted infections 2003.
4. www.cdc.gov/std/treatment/2010/genital-ulcers.htm