NURS 821 Metabolic and Endocrine Disorders; Alterations in Reproduction

Lecture 9

Part 5 Alterations in Reproduction:

Sexually Transmitted Diseases

Chronic Illness and Sexual Dysfunction in Women

Cerebrovascular accident (CVA)	**Difficulties in sexual positioning and sensitivity** because of impaired motor strength, coordination or paralysis; decreased sex drive with stroke on the dominant side of the brain
Diabetes	Diminished intensity of orgasm and gradual decline in ability to achieve orgasm; decreased lubrication and/or recurrent vaginal infections with resultant dyspareunia
Chronic renal failure	Decreased arousal; increasingly rare and less intense orgasms; decreased lubrication
Rheumatoid arthritis (RA)	Painful sexual activity/positions because of swollen, painful joints, muscular atrophy and joint contracture; decreased sex drive because of pain, fatigue, and/or medication; genital sensations remain intact
Systemic lupus erythematosus (SLE)	Similar to RA; decreased lubrication and vaginal lesions result in painful penetration
Myocardial infarction (MI)	Most literature male-oriented; problems related to medications
Multiple sclerosis (MS)	Diminished genital sensitivity; decreased lubrication; declining orgasmic ability; difficulty with sexual activity because of muscle weakness, pain, or incontinence
Spinal cord injury	Reflex sexual response with injury above sacral area; disrupted response with lesion at or below sacrum; loss of sensation, decreased lubrication; spasticity, incontinence, or pain with arousal; continued orgasmic sensations or sensations diffused in general or to specific body parts, such as breast or lips

Sexually Transmitted Diseases (STDs)

- Most common infectious diseases in U.S. today
- Incidence rising
- Many asymptomatic or minimal symptoms
- More than 20 STDs identified
- Affect more than 13 million, costing ten billion dollars a year
- Two-thirds occur in people under 25

Syphilis

- Definition: a chronic contagious STD caused by the spirochete, Treponema palladium
- Transmitted sexually or to a fetus through the birth canal
- Increased association with other STDs
- On the increase again in heterosexuals

Congenital Syphilis

- Placental-fetal infection
- Sx during first 2 years called early; after 2 –late
- 15-60% have mucocutaneous lesions
- Neonates – bulbous vesicles, condylomata, bony lesions
- Severe-visceral involvement – pancreatitis, CSN, hepatosplenomegally, nephrosis, pneumonia, liver and respiratory failure.

Stages of Untreated Syphilis

- Primary – Papule develops at site of contact which may be genital or extra-genital, spirochete spreads systematically within 24 hours, painless chancre develops after 21 days and spontaneously heals in 4-6 weeks.
  - Incubation period from 10 days to 3 months
  - DX-VDRL + only 50%, flourescent treponema antibody absorption (FTA-ABS) test 90% +; visual Dx difficult.

Secondary Syphilis

- Every organ system may be affected: CNS; GI, skin, lymphatic, renal, skeletal
- Lesions are usually symmetrical and widespread
- First year – may develop syphilitic meningitis; later more severe neurological complications
- 4-12 weeks Sx spontaneously disappear – latent stage

Secondary Syphilis cont'd

- Systematic manifestations may begin 6 weeks to 6 months post-exposure. All legions are contagious!
- Syndrome of not feeling well – F, HA, N, arthralgia, myalgia, rhinitis, malaise, weight and hair loss
- Maculopapular non-puritic rash especially on hands and soles of feet

Tertiary Syphilis

- May occur years to decades post-infection
- Types:
  - Late benign – destructive inflammation of bone, skin (gumma lesion-hypersensitivity RXN), mucosa, viscera, CNS, or eyes
  - CV – aoritc aneurysm, aortic insufficiency with dilation of aortic root, coronay vessel stenosis.
  - Neurosyphilis – chronic meningitis

Latent Syphilis

- May exercise a spontaneous cure, all serology
- Not contagious
- During early stages, secondary stage may recur and may be contagious; relapses may occur up to 5 years in 25% of patients

Gonorrhea

- Most commonly reported communicable disease in the US, most common STD
- Transmitted sexually or skin breaks
- Humans are the only natural host
- Agent-Neisseria gonorrhea, a gram – gonococcus, thrives on moist membranes
- Immunity – not lasting

Gonorrhea Manifestations

- Males-balanitis (inflammation of the glans), urethritis, prostatitis
- Females-greenish yellow discharge, dysuria, frequency, malaise
- Pharyngeal
- Anal

Complications-dermatitis, arthritis, endocarditis, myopericarditis, meningitis, hepatitis

Genital Herpes

- Second most common STD
- Agent – Herpes Virus Hominus (HVH) type 2
  - HSV- I-oropharyngeal
  - HSV-2-genital
- Pathophysiology-mucous membrane portal
- Clinical manifestations-burning, itching vesicles at site; general illness symptoms; discharge; dysuria. Lesions may last 2 weeks. Remains latent in dorsal root ganglia of nerves. Recurrence with stress and illness.

Trichomonal STDs

- Etiology – Protozoa called trichomonas vaginalis which may lie dormant, prefers basic Ph
- Pathophysiology
- Clinical manifestations-primarily vulvovaginitis (F), urethritis (M); profuse, malodorous, frothy, DC; edema; tenderness

Candidiasis

- One of most common STDs, not truly a STD
- Infection by Candida Albicans
- Normally found on skin and along digestive tract
- Opportunistic and red flag for DM or immune compromise
- Risk factors
- Manifestations-intense vulvar and vaginal pruritus, edema, cottage-cheese-like drainage

Genital Warts

- Condylomata acuminata-most common STD in U.S.
- Agent- Human papilloma virus (HPV)
- Incubation – very contagious, incubates for 2 – 3 months
- Pathophysiology
- Clinical Manifestations
- Complications - Cancer risk; neonatal respiratory tract lesions