

In New Zealand, GUD due to STI is largely confined to herpes simplex virus (either HSV 2 or HSV 1), or syphilis. Tropical causes of GUD such as chancroid or lymphogranuloma venereum are RARE and are typified by an overseas sexual contact in an endemic region or population group. Some ulcerative lesions are due to non-sexually acquired dermatological conditions. However, it is important to remember that most breaks in the genital skin are due to micro-trauma to the epidermis.

Patient complains of genital sore(s) / ulcer(s)

Are the lesions
 • Multiple vesicles; or tender, shallow ulcerations; +/- inguinal adenopathy?

YES

Tests

- Viral swab for HSV test (rub base of lesion firmly to obtain adequate sample).
- Syphilis serology should be routinely done in men who have sex with men.

Treatment

- Aciclovir 400mg 3 times daily for 7 days.
- +/- lignocaine gel.
- +/- salt baths.

Follow-up

- Check HSV result and check for resolution of ulcers.
- If result **positive**, discuss diagnosis with patient.
- Partner notification is not necessary.
- Offer full sexual health check (including syphilis serology) if not already done.
- If result **negative** and the lesions have resolved, then arrange to repeat the HSV test promptly if problem recurs.
- If result **negative** and the lesions have **not resolved**, refer to or discuss with a sexual health specialist.

NO

- Larger typically solitary painless ulcers +/- unilateral non-tender enlarged rubbery lymph node is more typical of primary syphilis.
- Other atypical lesions.

- **Refer to or discuss with sexual health specialist for acute assessment.**
- **DO NOT** give oral or topical treatments prior to specialist assessment.

Further guideline information – www.nzshs.org or phone the local sexual health service.

This Best Practice Guide has been produced by NZSHS, and is adapted from the CMDHB Best Practice Guideline. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (July 2012).

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