

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. Consider if there has been an overseas sexual contact in an endemic region or with someone from a high-prevalence 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 on examination
 • Multiple vesicles; or tender, shallow ulcerations; +/- inguinal adenopathy?

YES

Tests

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

Management

- Valaciclovir 1g bd for 7 days
- +/- lignocaine gel
- +/- salt baths

Follow-up

- Check HSV result and check for resolution of ulcers in 1 week
- If HSV result **positive**, discuss diagnosis with patient
- Partner notification is not necessary but diagnosis should be discussed with regular sexual partner(s)
- Offer full sexual health check (including syphilis serology) if not already done (see Sexual Health Check guideline www.nzshs.org/guidelines)
- If HSV 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 local sexual health service.