

A Qualitative Assessment to Promote Chlamydia Screening in General Practice

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Introduction

The bacterium *Chlamydia trachomatis* causes chlamydia, a sexually transmitted infectious disease. It is the most often reported bacterial infection in the. It is the most common sexually transmitted infection in the world. It causes trachoma, an eye infection that is the world's biggest infectious cause of blindness. The cervix is the most often infected anatomic location in females. Cervicitis, urethritis, pelvic inflammatory disease, perihepatitis and proctitis are some of the symptoms. Chlamydial infections in women, especially if left untreated, can lead to infertility and ectopic pregnancy, resulting in substantial medical bills. If a woman contracts an infection while pregnant, there are additional hazards. Conjunctivitis and/or pneumonia may develop in infants born vaginally to moms infected with genital *Chlamydia trachomatis*. *Chlamydia trachomatis* infection can cause urethritis, epididymitis, prostatitis, proctitis, or reactive arthritis in males. Conjunctivitis, pharyngitis, and *Lymphogranuloma venereum* are all symptoms of *C. trachomatis* infection in both men and women. *Lymphogranuloma venereum* is a less common disease characterised by swollen lymph nodes and severe proctocolitis. It is caused by several serovars of *Chlamydia trachomatis* [1].

Description

Urogenital chlamydia infections are the most frequent bacterial infections in the United States and the leading cause of sexually transmitted infections worldwide. Urogenital infection is twice as common in American women as it is in men, with a higher prevalence in women 15-24 years of age and a higher incidence in men 20-24 years of age. Chlamydia is uncommon among bacteria in that it has two developmental forms and an infectious cycle. The elementary body and the reticulate body are two of these infectious forms the EB has no metabolic activity and is absorbed by host cells. The EB will develop into the metabolically active RB within the host cell. The RB will then replicate and generate new EBs, which can then infect further cells, using host energy sources and amino acids. In women trachomatis attacks the squamocolumnar epithelial cells of the endocervix and upper genital tract, while in men, it attacks the conjunctiva, urethra, and rectum. The pathogen is spread by direct contact with contaminated tissue, such as vaginal, anal or oral sex, and can even be carried from person to person. Trachomatis can cause cervicitis, pelvic inflammatory disease, urethritis, epididymitis, prostatitis, and lymphogranuloma venereum, among other urogenital infections. Conjunctivitis, perihepatitis, pharyngitis, reactive arthritis, and proctitis are all extragenital infections produced. Patients who are asymptomatic are more likely to be disease reservoirs. Clinical symptoms vary depending on where the infection

is located in the minority of people who become symptomatic. Around 70% of women will be asymptomatic or have just minor symptoms such vaginal discharge, bleeding, abdominal pain, and dysuria. Only a small percentage of women suffer mucopurulent cervicitis with discharge and easily caused endocervical haemorrhage. Some women may experience post-menstrual or intermenstrual bleeding [2,3].

Trachomatis reaches the upper reproductive system, it causes Pelvic Inflammatory Disease. Most of these patients will experience abdominal or pelvic pain, along with or without cervicitis signs and symptoms. Nausea, vomiting, fevers, chills, low back discomfort, pain during intercourse, dysuria, or postcoital bleeding are some of the other symptoms. Urethritis is a condition that mostly affects men. Although there are modest clinical variations between gonococcal and chlamydial urethritis, it is impossible to make a solid differentiation without testing. Dysuria and urethral discharge, which is normally white, grey, or occasionally clear, may only be visible after penile "stripping" or in the morning hours. Women with urethritis may experience frequent or dysuria and their symptoms may be mistaken for a urinary tract infection. Pyuria can be detected using a urine test, however neither a bacterial culture nor a gramme stain will reveal organisms perihepatitis, also known as Fitz-Hugh-Curtis syndrome, is a chlamydia infection that causes inflammation of the liver capsule and adjacent peritoneal surfaces. This syndrome is most typically associated with right upper quadrant or pleuritic discomfort in patients who have a pelvic inflammatory illness. Abnormalities in liver enzymes are not commonly detected in other illnesses that damage the liver or produce right upper quadrant pain. Epididymitis is characterised by unilateral testicular pain and soreness, probable hydrocele, palpable epididymis enlargement.

The only trachoma infection caused by *C. trachomatis* that can be diagnosed clinically is trachoma. Other chlamydial infections are linked to certain clinical symptoms, although test proof is required. Nucleic acid amplification testing is the gold standard for diagnosing urogenital chlamydia infections for women, vaginal swabs are used, and for men, first-catch urine is used. Endocervical and urethral swabs can also be used for testing. Swabs should have a wire or plastic shaft with a dacron or rayon tip or a cytobrush as the tip. Chlamydia trachomatis may be inhibited by other substances. Culture, fast testing, serology, antigen detection, and genetic probes are examples of alternative testing procedures [4,5].

Conclusion

If testing is not possible, treatment is suggested based on the clinical presentation. When a patient is suspected of having chlamydia, a workup for additional should be performed. If PID is suspected, a complete blood count is required. Testing for HIV, gonorrhoea, and syphilis is an option. A chlamydia test must be performed on the sexual partner. Because doxycycline medication is contraindicated in pregnant women, a pregnancy test should be performed. In patients with conjunctivitis and ocular trachoma, cytology is frequently employed. Chlamydia cultures are rarely performed since the bacterium is difficult to cultivate in the laboratory. Cultures, on the other hand, are ideal in individuals with anal and rectal involvement because other tests are difficult to interpret.

Conflict of Interest

None.

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Received 03 March, 2022; Manuscript No. JGPR-22-60632; Editor Assigned: 04 March, 2022, PreQC No. P-60632, Reviewed: 16 March, 2022; QC No. Q-60632, Revised: 21 March, 2022, Manuscript No. R-60632; Published: 28 March, 2022, DOI: 10.37421/2329-9126.22.10.443

References

1. Richardson, D, K. Maple, N .Perry and E. Ambler, et al. "A pilot qualitative analysis of the psychosocial factors which drive young people to decline chlamydia testing in the UK: Implications for health promotion and screening." *Int J STD AIDS* 21 (2010): 187-190.
2. Lawton, Beverley, Sally Rose, C. Raina Elley and Collette Bromhead, et al. "Increasing the uptake of opportunistic chlamydia screening: A pilot study in general practice." *J Priy Health Care* 2 (2010): 199-207.
3. Peckham, Stephen, Alison Hann, Sally Kendall and Steve Gillam. "Health promotion and disease prevention in general practice and primary care: a scoping study." *Pri Health C Res Dev* 18 (2017): 529-540.00
4. Paxton, Ben, Katie Mills and Juliet A. Usher-Smith. "Fidelity of the delivery of NHS Health Checks in general practice: an observational study." *BJGP OP* 4 (2020).
5. St Lawrence, Janet S., Daniel E. Montaño, Danuta Kasprzyk and William R. Phillips, et al. "STD screening, testing, case reporting, and clinical and partner notification practices: A national survey of US physicians." *Ame J Pub Hea* 92 (2002): 1784-1788.

How to cite this article: Danielle, Cistopher. "A Qualitative Assessment to Promote Chlamydia Screening in General Practice." *J Gen Prac* 10 (2022): 443.