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Sexually Transmitted Diseases in the Emergency Department

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Editorial

Viruses, bacteria, and parasites cause sexually transmitted diseases (STDs), which are spread largely through sexual intercourse with an infected individual vaginally, anally, or orally. STDs can also be transmitted vertically during delivery and breastfeeding, or by sharing needles. STDs continue to go unnoticed by the general public and health care providers, resulting in terrible health implications such as infertility and the facilitation of HIV transmission. Aside from the health implications, STDs' high prevalence and rising rates continue to be a financial drain on the health-care system. According to data, an estimated 20 million new STDs are diagnosed in the United States each year, resulting in a direct cost of $16 billion per year for STD treatment.

Because STD symptoms are often nonspecific, clinical gestalt and diagnostic tests can be highly helpful. Choosing the right diagnostic test might be difficult due to the high number of STDs and the range of testing options available. Clinicians must take into account the patient's signs and symptoms, as well as the prevalence of infection, as well as the cost and availability of tests. The suggested diagnostic testing and care plan will be directed by the history and physical examination conducted in private with the assistance of a chaperone in both men and women. STDs have a variety of symptoms that can be both systemic and localised, necessitating a thorough physical examination. The examination begins with a review of the vital signs, because tachycardia, hypotension, and fever should raise suspicions of probable PID and/or sepsis. Despite the debate over whether the pelvic examination is useful in patients with vaginal bleeding or abdominal pain, it continues to serve an important role in the diagnosis of many STDs.

Because many diagnostic tests have lengthy turnaround periods, emergency doctors (EPs) are frequently faced with the challenge of commencing STD treatment based on clinical gestalt. Fortunately, point-of-care STD diagnostics are still being developed, and the future looks bright. EPs must typically begin empirical STD treatment based on history, physical examination, and clinical suspicion in the meantime. Involvement of sexual activity in the development of BV is uncertain, it is the only disease covered in this review that is not invariably an STD. BV is caused by an overgrowth of anaerobic bacteria, most often Gardnerella vaginalis, due to a decrease or lack of lactobacilli that help regulate the vagina's acidic pH. Despite the fact that more than half of women with BV are asymptomatic, women who report to the emergency department (ED) with BV will most usually have a thin, gray/white homogenous vaginal discharge with occasional dysuria or dypareunia.

Trichomonas vaginalis damages the epithelium, causing microulcerations in the vaginal and urethral mucosa. An estimated 3.7 million people in the United States have trichomoniasis, with many of those afflicted sharing similar risk factors such as recent incarceration, intravenous drug use, and BV coinfection. 58 Because trichomoniasis infections are not required to be reported, it is difficult to estimate the true prevalence of the disease.

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