

**Table 144-3 Clinical Features of Genital Ulcerative Diseases**

<b>Disease</b>	<b>Clinical Diagnosis</b>	<b>Presence of Pain</b>	<b>Inguinal Adenopathy</b>	<b>Comment</b>
Syphilis	Indurated, relatively clean base; heals spontaneously	No	Firm, rubbery, discrete nodes; not tender	Primary: chancre
				Secondary: rash, mucocutaneous lesions, lymphadenopathy
				Tertiary: cardiac, ophthalmic, auditory, central nervous system lesions
Herpes simplex virus infection	Multiple small, grouped vesicles coalescing and forming shallow ulcers; vulvovaginitis	Yes	Tender bilateral adenopathy	Cytologic detection insensitive; false negative culture results common; type-specific serologic test
Chancroid ( <i>Haemophilus ducreyi</i> )	Multiple painful, irregular, purulent ulcers with potential exudative base	Yes	50% painful, suppurative, inguinal lymph nodes potentially requiring drainage	Cofactor for human immunodeficiency virus transmission; 10% have coinfections with herpes simplex virus infection or syphilis
Lymphogranuloma venereum	Small and shallow ulcer, associated proctocolitis with fistulas and strictures	No	Tender lymph nodes	Caused by <i>Chlamydia trachomatis</i> L1, L2, L3
Granuloma inguinale (donovanosis)	Painless, beefy red, bleeding ulcers	No	No	Endemic in Africa, Australia, India, New Guinea; rare in U.S.