



SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

## CHANCROID: A MISDIAGNOSED DISEASE?

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**Background:** The Chancroid's (CH) global epidemiology is poorly documented due to difficulties in confirming a microbiological diagnosis of *Haemophilus ducreyi*. In Brazil, the infection's low number of cases confirms this data with zero of 434 cases of genital ulcer disease (GUD) in a study published in 2009.

**Observation:** 3 male patients, from 23 to 32 year-old presented painful genital ulcers, with purulent exudate. The first one presented single ulcer and lymphadenopathy, the microscopy showed gram negative coccobacilli and FTA-Abs+. Hence, the diagnosis was Rollet's mixed Chancre. The other 2 cases presented multiple ulcers, refractory to treatment with aciclovir. By the epidemiologic and clinic characteristics, the diagnosis of CH was made and the patients were successfully treated with Azithromycin 1g single dose.

**Key message:** Chancroid is a sexually transmitted infection caused by *H. ducreyi*. In contrast to genital herpes, the prevalence is decreasing, except in Malawi and North India. The diagnosis can be done by microscopy, culture, serology and PCR. The last one has the advantage to diagnose simultaneously *T. pallidum* and herpes simplex virus. Also, is the method with the highest sensibility and specificity, but it's not easily disponible and it's expensive. Since the adoption of the syndromic management of the GUD by the World Health Organization, the true global incidence of CH is made more difficult. In addition, genital herpes are easily misdiagnosed as chancroid on clinical examination. In our STI clinic, were notified 34 (10,62%) cases of GUD from 320 patients with STI in the last 2 years, with 8 (23,52%) of them were diagnosed as Chancroid. Therefore, CH remains a differential diagnosis in GUD and increasing the use of PCR for the diagnosis and appropriate reporting are also important considerations to maintaining the vigilance against this disease.

