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PHYSICAL EXAM FINDINGS

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Key Physical Exam Findings and Recommended Testing

Anorectal

Anus and Perianal Area

Assess for ulcerations, condylomata or other lesions.

Recommended Testing

- For all patients: NAAT for GC/CT of rectal swabs. If NAATs are unavailable, culture may be performed.
- For symptomatic patients: anoscopic exam.

Genital

Pubic Hair

Assess for crabs or nits.

Skin of the Penis, Foreskin, Scrotum and Perineum

Assess for the following skin manifestations commonly associated with STDs:

- Lesions, ulcers or rash consistent with primary or secondary syphilis.
- Vesicles, pustules, or papules consistent with HSV infection.
- Papules or verrucous lesions consistent with HPV infection.

Urethral Meatus

Assess for papular lesions consistent with intraurethral warts; vesicles or ulcers consistent with HSV; discharge (following milking/stripping of the penis) consistent with CT or GC.

Testes and Epididymis

Assess for swelling or tenderness consistent with epididymitis.

Recommended Testing

- NAAT for GC and CT of urine specimen.
- Gram stain of urethral specimens, if urethral discharge is present or patient reports discharge or dysuria.
- Consider *Mycoplasma genitalium* (*M. genitalium*)³⁸. Research has shown that the most common cause of persistent or recurrent non-gonococcal urethritis is *M. genitalium*.³⁹
- Microscopy of spun first-catch urine for trichomonads or urethral swab for trichomonas culture, if patient has persistent urethritis and has sex with both men and women.⁴⁰
- Special testing of ulcerative, erosive or vesicular lesions, if present, such as darkfield microscopy, HSV culture, or HSV polymerase chain reaction (PCR).

³⁸ NAAT tests for *M. genitalium* are available in some clinical settings, but there is no diagnostic test for *M. genitalium* that is cleared by the FDA for use in the United States. STD Treatment Guidelines, 2015. MMWR. 2015;64(RR3). www.cdc.gov/std/tg2015/emerging.htm

³⁹ STD Treatment Guidelines, 2015. MMWR. 2015;64(RR3). www.cdc.gov/std/tg2015/urethritis-and-cervicitis.htm

⁴⁰ *T. vaginalis* is known to cause urethritis in men who have sex with women. STD Treatment Guidelines, 2015. MMWR. 2015;64(RR3). www.cdc.gov/std/tg2015/urethritis-and-cervicitis.htm

Extra -Genital

Lymph Nodes

Assess for swollen or tender lymph nodes.

Skin

Assess for any type of new rash, especially macular (flat), papular (raised) or scaly on body, especially trunk, palms and soles, consistent with secondary syphilis.

Recommended Testing

- Punch biopsies of ulcers or lesions in cases where histologic diagnosis is needed.

Hair

Assess for patchy or moth-eaten alopecia, or loss of lateral eyebrows, consistent with secondary syphilis.

Oral Cavity

Tongue, Buccal and Pharyngeal Mucosae

Assess for ulcerative lesions consistent with primary syphilis or HSV infection, white lesions consistent with mucous patches of secondary syphilis, or papules consistent with condyloma lata.

Recommended Testing⁴¹

- NAAT for GC on pharyngeal swab⁴² if patient engages in oral sex. If NAATs are unavailable, culture may be performed.

Neurologic

In patients with suspected or confirmed syphilis, check for cranial nerve abnormalities, changes in vision or hearing, loss of vibratory sense or other sensory or motor loss, and altered mental status. Conduct slit lamp examination if ocular symptoms or signs and otological exam if auditory symptoms or signs.

Recommended Testing

- Cerebrospinal fluid (CSF) examination for VDRL, white blood cell, protein and glucose if symptoms or signs are consistent with neurosyphilis (see *Neurosyphilis* on page 52).

⁴¹ Darkfield examination of oral lesions is not recommended due to presence of non-pathogenic commensal treponemes.

⁴² The pharynx is not a hospitable environment for CT, and prevalence studies have demonstrated low rates of pharyngeal CT among high risk MSM. As a result, pharyngeal CT screening for MSM is not specifically recommended by the CDC. However, most NAATs combine testing for CT and GC. If a patient tests positive for pharyngeal CT, treat accordingly.