Chinastandards.org

ICS 11.020
CCS C 59

WS

INDUSTRY STANDARD OF THE PEOPLE'S REPUBLIC OF CHINA

WS 268-2019

Diagnosis for gonorrhoea

(English Translation)

Issued on: January 1, 1970 **Implemented on: July 1, 2019**

Issued by: National Health Commission

Preview: page 1 of 5 shown, 9 in the full document. Complete English PDF, instant download:
https://chinastandards.org/standards/ws-268-2019

Chinastandards.org

Table of Contents

Foreword
1 Scope
2 Terms and definitions
3 Diagnosis basis
3.1 Epidemiological history
3.2 Clinical manifestations
3.3 Laboratory inspection
4 Diagnostic principles
5 Diagnosis
5.1 Suspected cases
5.2 Confirmed cases
6 Differential diagnosis
6.1 Genital chlamydia trachomatis infection
6.2 Other

Foreword

Chapter 5 of this standard is mandatory and the rest are recommended.

This standard was drafted in accordance with the rules given in GB/T 1.1-2009.

This standard replaces WS 268-2007 "Diagnosis Standard for Gonorrhea".

Compared with WS 268-2007, the main technical changes of this standard are as follows.

-- Added terms and definitions;

- Revised the description of clinical manifestations (see 3.2, 2.2 of the 2007 edition);

- Increased laboratory testing for gonococcal nucleic acid detection (see 3.3.3);

- Revised the determination of suspected cases and confirmed cases (see Chapter 5, Chapter 4 of the 2007 edition);

- Increased differential diagnosis of gonorrhea (see Chapter 6);

-- Added Appendix B gonococcal nucleic acid detection.

This standard was drafted. Peking Union Medical College Hospital of Chinese Academy of Medical Sciences, Institute of Dermatology, Chinese Academy of Medical Sciences, Capital

Preview: page 2 of 5 shown, 9 in the full document. Complete English PDF, instant download:
https://chinastandards.org/standards/ws-268-2019

Medical University Wu Hospital, Tianjin Medical University General Hospital, and Huashan Hospital affiliated to Fudan University.

1 Scope

This standard specifies the diagnostic basis, diagnostic principles, diagnosis and differential diagnosis of gonorrhea.

This standard applies to the diagnosis of gonorrhea in various types of medical and health institutions and their medical staff.

2 Terms and definitions

The following terms and definitions apply to this document.

Neisseria gonorrhoeae gonococcus the abbreviation of Neisseria gonorrhoeae, also known as gonorrhea, is a Neisser (Albert Neisser) in 1879 Firstly, it was found in the smear of purulent secretion of gonorrhea patients. It is a Gram-negative bacteria, often arranged in pairs, and the cells are kidney-shaped or broad-pead.

0.6 μm to 0.8 μm. After incubation with the gonococcal culture medium, a round, slightly swelled, smooth, translucent, dewdrop-like colony can be formed. Neisseria gonorrhoeae the biochemical reaction only decomposes glucose, produces acid without gas, and does not break down maltose, sucrose and lactose.

Gonorrhea gonorrhoea A sexually transmitted disease caused by gonococcal infection of the genitourinary system, anorectal, and pharynx, with suppurative inflammation as the main feature. the Lord to spread through sexual contact, causing urethritis, cervicitis, proctitis, pharyngitis, etc., if not treated in time, it can spread to surrounding tissues and cause corresponding the onset and sequelae, even meningitis and endocarditis caused by blood circulation, can also cause neonatal ophthalmia through mother-to-child transmission.

3.1 Epidemiological history

There is a history of unsafe sexual behavior, or a history of sexual partner infection, or a history of multiple sexual partners. Mothers of neonates have a history of gonorrhea.

3.2.1 Incubation period

1 d ~ 10 d, often 3 d ~ 5 d.

3.2.2 No complication gonorrhea

3.2.2.1

Male gonococcal urethritis The initial symptoms are urethral itching, thin or mucopurulent secretions, and most patients have symptoms after 24 hours.

Preview: page 3 of 5 shown, 9 in the full document. Complete English PDF, instant download:
https://chinastandards.org/standards/ws-268-2019

Drama, urinary pain, burning sensation, increased secretions, thick viscous pus, may be accompanied by frequent urination, urgency. In severe cases, glans can appear.

The inside of the foreskin is red and swollen, with exudate or erosion, foreskin edema, and can be incarcerated with the foreskin. Physical examination revealed redness, swelling, and purulent secretions in the urethra.

3.2.2.2

Female symptoms are milder than men's, and some patients may have no obvious symptoms. Gonorrhea in adult women mainly causes cervicitis, which can be simultaneous or separate There are urethritis, symptoms often appear leucorrhea increased, yellow, and some with lower abdominal pain, dysuria, frequent urination and urgency. Cervical congestion during gynecological examination, Redness, easy to contact with bleeding, mucus purulent discharge in the cervix. The girl patient presented with diffuse vaginitis secondary to vulvitis, visible vaginal opening, the urethra and perineum are red and swollen. The lesions may have erosion, ulcers and pain. The vagina has purulent secretions and dysuria.

3.2.3 Comorbid gonorrhea

3.2.3.1

Some patients may have comorbidities when the treatment is not timely. Men are mainly epididymitis, orchitis and prostatitis. Epididymitis, orchitis the onset is acute. At the beginning, the scrotum or testicles have traction pain, progressively worsening, and spread to the groin, often with fever and general malaise. Check can See epididymis, testicular swelling, tenderness, and when the condition is severe, it can touch the enlarged spermatic cord and inguinal lymph nodes. Epididymis connective group Perforation, fibrosis, and vas deferens block, causing infertility. Prostatitis is characterized by fever, dysuria, frequent urination, urgency, and urinary incontinence.

Perineal pain, prostate anal examination has obvious tenderness and swelling. There are a large number of pus cells and lecithin bodies in prostate secretions. In addition, male Sex can also be complicated by other complications such as paraurethritis, periurethal abscess, cavernitis, balanitis or glans dermatitis, urethral stricture.

3.2.3.2

Female comorbidities are mainly pelvic inflammatory disease, including endometritis, salpingitis, fallopian tube ovarian abscess, peritonitis and so on. Occasionally for women of childbearing age, most patients have increased vaginal discharge and are purulent or bloody. Systemic symptoms such as chills, fever, headache, anorexia, nausea, Vomiting, double lower abdominal pain. Examination can be seen in the lower abdomen tenderness, and muscle tension, purulent secretions in the urethra, cervix, etc. Can develop into fallopian tubes Ovarian abscess or pelvic abscess, at this time, the tumor can be touched at

Preview: page 4 of 5 shown, 9 in the full document. Complete English PDF, instant download:
https://chinastandards.org/standards/ws-268-2019

the attachment and the posterior vaginal fornix. The tenderness is obvious, and there is a sense of fluctuation if the abscess is broken.

Crack, there are manifestations of peritonitis and even toxic shock, which can cause tubal adhesions, obstruction and even infertility or ectopic pregnancy. In addition to women can also be complicated by vestibular gland inflammation, manifested as vestibular glandular redness, pain, purulent discharge at the opening of the gland, 1/2 swelling under the labia majora Significant, may also be associated with systemic symptoms and inguinal lymphadenopathy.

3.2.4.1 Gonococcal ophthalmia

Neonatal gonococcal ophthalmia is often caused by infection in the birth canal of gonorrhea mothers, mostly bilateral, usually occurring within 3 days after birth.

shape. Adult gonococcal ophthalmia is mostly caused by self-inoculation infection or close contact with items contaminated by secretions, unilateral or bilateral. Clinical manifestation Conjunctival congestion and edema, a large amount of purulent secretions, the cornea can lose luster after treatment, and then ulceration, even perforation and whole eyes Ball inflammation can eventually lead to blindness.

3.2.4.2 Gonococcal pharyngitis

Mainly due to oral sex. Most patients have asymptomatic or mild symptoms, and a small number can present with pharyngeal pain, burning, and difficulty swallowing. Physical examination it can be seen that the pharyngeal mucosa is hyperemia, the tonsils are red and swollen, and purulent secretions are attached to the posterior pharyngeal wall.

3.2.4.3 Gonococcal proctitis

More common after anal sex. Most patients have asymptomatic infections, and a few have anal itching, pain or bulging sensation, exacerbation during defecation, and pus Sex secretions are discharged. Physical examination revealed swelling, congestion, erosion, and oozing of the rectal mucosa.

3.2.5 Disseminated gonococcal infection

Neisseria gonorrhoeae spreads through the bloodstream to the body, which is rare in clinical practice. It is characterized by fever, chills, skin lesions, joint pain and so on. Skin lesions start with red Small papules, erythema, and then blisters or pustules. Joint involvement occurs in the joints of the knee, elbow, wrist, etc., which is characterized by joint pain, local swelling, the effusion and joint activity in the joint cavity are limited, which is gonococcal arthritis. Fatal complications such as gonococcal meningitis, endocarditis, Pericarditis, myocarditis, perihepatitis and even sepsis.

Preview: page 5 of 5 shown, 9 in the full document. Complete English PDF, instant download:
https://chinastandards.org/standards/ws-268-2019