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INDUSTRY STANDARD OF THE PEOPLE'S REPUBLIC OF CHINA

WS/T 237-2016

Replacing WS 237-2003

Diagnosis of lymphogranuloma venereum

(English Translation)

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Foreword

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

This standard replaces WS 237-2003 "Sexually transmitted diseases, lymphogranuloma diagnostic criteria and principles." this standard compared with WS 237-2003, in addition to editorial changes outside the main changes are as follows.

--- The standard nature of mandatory changes to recommended;

--- Standard name changed to "STD lymphoma diagnosis;"

--- Modify the scope of a chapter of the statement (see Chapter 1);

--- Added "terms and definitions" (see Chapter 2);

--- Modify the diagnostic criteria for diagnosis based on the history of exposure to epidemiological history (see Chapter 4 and 4.1, 2003 Edition Chapter 2 and 2.1);

--- Remove the histopathological examination of the laboratory examination section (see 2003 version 2.3.2);

--- Increase in the laboratory testing of nucleic acid detection and typing identification (see 4.3.3);

--- Modify the classification of cases into diagnostic categories, dividing the diagnosis into two levels. suspected cases and confirmed cases (see chapters 5, 5.1 and 5.2, 2003, versions 2.4, 2.4.1 and 2.4.2);

--- Remove the part of the treatment principle (see Chapter 3 of the 2003 edition);

--- Removed part of the clinical cure (see the 2003 edition of Chapter 4);

--- Remove the management and prevention section (see Chapter 5 of the 2003 edition);

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--- Removed Appendix B (normative) treatment of venereal disease of lymphogranuloma (see 2003 edition of Appendix B).

This standard was drafted. Chinese Academy of Medical Sciences Institute of Dermatology (Institute), Fudan University Affiliated Huashan Hospital, Hunan Province, disease prevention control center.

1 Scope

This standard specifies the diagnosis of venereal lymphogranuloma, diagnosis,, classification and differential diagnosis.

This standard applies to all types of medical and health institutions at all levels and their medical staff on the diagnosis of sexually transmitted lymphoid granuloma.

2 Terms and definitions

The following terms and definitions apply to this document.

Sexually transmitted lymphogranuloma Lymphogranulomavenereum; LGV by L1, L2, L3 serotypes of Chlamydia trachomatis infection genital, caused by the anorectal region, with localized purulent lymph node disease or bleeding Proctitis as a major feature of a chronic sexually transmitted diseases.

Inguinal cross inguinalbuboes Acute suppurative inguinal lymphadenitis, manifested as inguinal and/or lymph node pain swelling.

Groove sign the inguinal lymph nodes above the inguinal ligament and the lymph nodes below the swollen are swollen, so that the skin appears grooved.

3 Diagnostic principles

Based on epidemiological history, clinical manifestations and laboratory tests conducted a comprehensive analysis to make a diagnosis.

4.1 Epidemiology history

With or without protective behavioral history, or history of sexual partners, or more with history.

4.2.1 Early Stage

The incubation period of 3d ~ 30d, an average of 7d ~ 10d. Infected parts appear painless papules, mound herpes or pustules, the rapid formation of erosion or shallow ulcers, often single, called first sores. Self-healing within 1 week, leaving no scars. Lesions occur in men's coronal, glans, foreskin, penis Body and other parts, the size of the female labia,

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vagina, labia lace or cervix and other parts. Anorectal colitis can occur, manifested as Anorectal pain, tenesmus, mucus or pus and blood.

4.2.2 Mid-stage

2 to 6 weeks after the primary lesion, or later.

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