• Pinta (skin disease) is caused by Treponema carateum

2. Symmetrical normoaesthetic macules are seen in-
   1. Tuberculoid leprosy
   2. Lepromatous leprosy----------ans
   3. Borderline tuberculoid leprosy
   4. Histoid leprosy

Discussion-

Leprosy- (P-264 Park)

Cardinal signs-
   • Anesthetic--> first goes temperature (cold first)
   • Enlargement of nerve--> ulnar nerve--> claw hand

BI-MI:
   • BI*- Bacteriological Index (Used for classification)
   • MI- Morphological Index (Live bacilli--> therapeutic response)

Classification-
   1. Based on skin lesions-
      1. Paucibacillary: 1-5 skin lesion : BI ≤ 2 : TT, BT
      2. Multibacillary: >5 skin lesion: BI > 2 : BB, BL, LL
   2. Ridley Jopling classification- Depending on CMI-
      1. TT--> Anesthetic + anhidrosis + complete loss of hair, saucer right way up lesions
      2. BT-- Satellite lesions
      3. BB--> Inverted saucer, Punched out, Swiss cheese, Lepromin test -ve
      4. BL--> Onion peel/cut onion--> Nerve
      5. LL--> Leonine fascies, Glove+Stocking, BI 6+, globi, Genz zone (cell free zone below epidermis)
   3. Madrid classification
   4. Indian classification- Madrid classification + Pure neuritic form

<table>
<thead>
<tr>
<th>High immunity (TT,BT)</th>
<th>Low immunity (LL,BL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Few, Asymmetrical, Anesthetic (higher immunity--&gt; higher loss), AFB -/less, Plaques</td>
<td>Numerous, Symmetrical, Normoaesthetic, AFB++ +, Macuoles, Nodules</td>
</tr>
</tbody>
</table>

Stats-
   • Prevalence of leprosy--> 0.6 (1.34 per 10,000 → Ck PARK P-265)
   • Generation time → 12-14 days (longest)
   • I.P.-→ ~5 yrs (longest)
   • Nerves involved in 100% cases--> Ulnar, Radial, Facial(in that order)
   • Leprosy affects everything except--> CVS, CNS, Ovary (affects uterus)-- ck

C/F--> Intermediate Leprosy (M/C INDIA)-- Facial lesions, no nerve thickening, smear negative

Histoid leprosy- Seen in INDIA--> Cause--> dapsone monotherapy resistance. Dome shaped nodes on normal skin, linear elongated bacilli.
Lazarine leprosy → Synonym for Lucio's leprosy → Malnutrition, HIV → Severe skin destruction

Leprosy treatment -
• MB - R/D/C 1 Yr
• PB - R/D 6 mths
(FDT - Fixed duration therapy → earlier MDT)
Leprosy is only disease where I+D not done → nerve damage will occur

Harrison is good for all except leprosy.....

Lepra reaction -
1. Type I (Reversal reaction) - BT/BB, Type IV HS, IL-1,2; IFN-gamma, Neuritis → Steroid
2. Type II (ENL) - BL/LL → TNF-alpha → Thalidomide (inhibits TNF-alpha so DOC) → other uses -
   1. Oral ulcers
   2. HIV
   3. Behcet's Syndrome
   4. Parkinson's
   5. MS

9. A young man aged 19 years developed a painless penile ulcer 9 days after sexual intercourse with a professional sex worker; likely diagnosis is:
   1. Chancroid
   2. Herpes
   3. Chancre---------ans (painless)
   4. Traumatic ulcer
Discussion - if in place of sex worker there is normal married male with painful ulcer then → 4

25. A case with bilateral inguinal swelling comes to the STD clinic what organism will you provisionally treat -
   1. LGV----------------ans (Inguinal bubo- LGV and chancroid)
   2. LGV and HSV
   3. Chancroid & Syphilis
   4. Gonorrhea & Syphilis

45. DOC for tertiary syphilis -
   1. Procaine penicillin
   2. Benzathine penicillin----------------ans
   3. Crystalline penicillin
   4. Doxycycline
Discussion: Congenital/Neuro Syphilis → Crystalline penicillin

49. All are seen in Lepromatous Leprosy except -
   1. Type 2 lepra reaction
   2. Inflammatory reaction is sparse----------------ans
   3. Loss of sensation occurs late
   4. Surface of the skin lesions is smooth and shiny

58. What is the time period required for the MI of a patient on treatment to become 0 on MDT -
   1. 6 weeks----------------ans
   2. 6 months
   3. 1 year
4. 2 year

67. A case of Urethral discharge comes and the smear shows Intracellular Diplococci with PMN. How will you treat this case-
   1. Cefixime-------------------ans
   2. Doxycycline 100 mg orally twice a day for 7 days
   3. Ciprofloxacin 50 mg BD for 7 days
   4. Plenty of fluids

Discussion-
   - NGU- Scanty, Mucoid, Odourless, >5 PMN, M/C Chlamydia (McCoy cell line) Rx:
     Azithromycin 1g stat (H/17 P-824)
   - GU- Profuse, yellow, foul smelling, >5 PMN + Intracellular diplococci, Culture-BA; Rx:
     Cefixime (H/17 P-920)
   - Gonorrhoea- Cefixime 400mg, Ceftriaxone 250 mg stat

68. Persistent painless bleeding ulcer that spreads by inoculation is seen in-
   1. Chancroid
   2. Syphilis
   3. TB
   4. Donovanosis----------ans

69. In HIV positive patient of syphilis what treatment will you give in early syphilis-
   1. Benzathine penicillin G, 2.4 million units IM----------------ans
   2. Benzathine penicillin G, 2.4 million units IM one dose weekly for 3 weeks
   3. Doxycycline, 100 mg PO, twice daily for 15 days
   4. Doxycycline, 100 mg PO, twice daily for 30 days

Discussion- H/17 P-1044; Option 2--> late

71. How will you treat a case of chancroid with HIV-
   1. Azithromycin 2 G star
   2. Doxycycline 100 mg orally twice a day for 7 days
   3. Ciprofloxacin 50 mg BD for 7 days
   4. Erythromycin 500 mg QID for 7 days----------------------ans

Discussion- 1 gm Azithromycin or 250 mg i. m. Ceftriaxone. In HIV 500 mg oral erythromycin 4 times per day for seven days