



GRANULOMA INGUINALE

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Granuloma inguinale, also known as donovanosis, is a sexually transmitted disease (STD) caused by the bacterium *Klebsiella granulomatis*. Clinical infection occurs only after repeated direct exposure to the organism, primarily via sexual contact. Infection results in disfiguring scars and swelling of lymphatic tissue in the genital region. The disease is uncommon in the United States but can be acquired during travel to foreign regions. Granuloma inguinale can be encountered in many rural locations throughout the tropics and subtropics, particularly the Caribbean, New Guinea, Brazil, South India, South Africa, and parts of Asia. Risk factors for infection include low socioeconomic class and poor living conditions.

The cutaneous manifestation of donovanosis varies. It begins as a soft, papular lesion at the site of inoculation, most commonly in the genital region. The lesion eventually ulcerates forming a small, reddened, fleshy mass that is typically painless. This lesion is actively infected with *Klebsiella granulomatis* which can lead to further inoculation of adjacent skin or other mucous membranes that come in contact with the area. Untreated bouts of granuloma inguinale can result in extensive scarring and potentially anogenital stricture formation. A common complication of late-stage infection is swelling (elephantiasis-type) of the external genitalia. A rare but possible complication of infection is cancer.

Diagnosis of granuloma inguinale is not an easy task, since the organism that causes the infection is very difficult to grow on a culture medium. The most common method of diagnosis is through direct visualization of the organism. Smears are taken from the base of the ulcer and then visualized directly under a microscope. Scientists will then look for characteristic "Donovan bodies" on the slide.

The antibiotic of choice for treating granuloma inguinale is either trimethoprim-sulfamethoxazole (TMP-SMX) or **doxycycline**. Other possible antibiotic options include erythromycin or ciprofloxacin. Treatment should last for at least 21 days (3 weeks) and continued until all signs of disease are gone. Special consideration is given to pregnant women infected with *Klebsiella granulomatis*. The Centers for Disease Control (CDC) suggests using erythromycin, instead of TMP-SMX or doxycycline, due to its safety profile during pregnancy. All sexual partners who have had contact with the infected individual within 60 days of the onset of symptoms should also be treated.

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