

## Appendix G

### Treatment of Chancroid, Gonorrhea, Granuloma Inguinale and Lymphogranuloma Venereum

#### Chancroid\*

erythromycin: 500 mg orally 4 times a day for 7 days

or

ceftriaxone: 250 mg intramuscularly (IM) in a single dose

#### Gonorrhea\*

ceftriaxone: 250 mg (IM) in a single dose

and

either doxycycline: 100 mg orally twice a day for 7 days;  
or tetracycline HCl: 500 mg orally 4 times a day for 7  
days (total dose 14.0 g)

(The doxycycline/tetracycline therapy is treating Chlamydia trachomatis, which is frequently found as a co-infection in patients who have N. gonorrhoeae.)

Doxycycline/tetracycline should not be used in pregnant patients. They should take erythromycin base 500 mg orally 4 times a day, for 7 days.

If there is a history of allergy to ceftriaxone, spectinomycin 2.0 g, IM, should be used, followed by doxycycline.

\*All listed treatments are for adults with uncomplicated infections. For alternate drug regimens, treatment of complicated infections, treatment of pregnant women, and treatment of persons with allergies to the recommended drugs, refer to Centers for Disease Control, 1989 Sexually Transmitted Diseases Treatment Guidelines, MMWR 1989; 38 (No. S-8).

Granuloma inguinale\*

tetracycline HCl: 500 mg orally 4 times a day for at least 3 weeks

or

streptomycin: 1 gram, intramuscularly, 2 times a day for at least 3 weeks

If the antibiotic is effective, the lesion should be clinically resolving by 7 days. Therapy should be continued for a minimum of 3 weeks or until lesions have completely healed.

Lymphogranuloma venereum\*

doxycycline: 100 mg orally 2 times a day for 21 days

or

tetracycline HCl: 500 mg orally 4 times a day for 21 days

or

erythromycin: 500 mg orally 4 times a day for 21 days

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