Herpes urethritis

A man in his 40’s attended clinic for the first time complaining of intense dysuria and pain at the tip of the penis. He’d had a contact with his ex-wife about 10 days previously, engaging in vaginal and oral sex. He attended his GP who suspected an UTI and commenced him on Amoxicillin the day before. He couldn’t remember ever having had a ‘cold sore’.

Examination only revealed a very slight oedema at the meatus and a very scanty discharge. There were no ulcers in the genital areas and specifically none in the first 0.5 cm of the urethra which could be easily examined. Gram stain revealed 3+ pus cells and I did ask Adam (the BMS) to specifically look and see if there appeared to be more immune type cells, ie; lymphocytes, macrophages, than you would see in normal urethritis. He identified some patches as attached.

I did a viral swab from the urethral meatus, taking as much discharge as could be squeezed out. I requested PCR for herpes and adenovirus. I sent first catch urine for gonorrhoea and chlamydia and blood test for syphilis, hepatitis B, HIV and herpes 1 and 2 antibodies. I hedged my bets and treated him with 1g Azithromycin and Aciclovir for 5 or more days.

Herpes simplex type 1 was found on the urethral swab. Antibody to herpes type 1 and type 2 was negative indicating a new infection.

A week later the patient phoned for results and symptoms had completely cleared.

Slide 1:
• Gram stain for above patient showing the usual, as expected, polymorphs but also some lymphocytes and 1 macrophage. A pattern like this should prompt microscopist to consider a viral aetiology.
Slide 2:
• A chlamydia urethritis showing numerous polymorphs

Slide 3:
• Herpes ulcer in terminal urethra in a different patient

Slide 4:
• Herpes ulcers in terminal urethra, but there are also obvious ulcers on penile shaft that would alert to the diagnosis

Slide 5:
• Typical herpes ulcers

Learning point:
Most cases of herpes urethritis will also have obvious herpes ulcers in the genital area which will alert to the diagnosis. This case is unusual in that there were no herpetic ulcers to be seen even in the terminal urethra. A large study in Australia found herpes was responsible for 3% of urethritis and adenovirus for another 4% also. Key point if you don’t look for it you will never find it. Have a low threshold for doing urethral viral swab in men with intense dysuria and carefully check the Gram stain for pointers towards a viral aetiology.


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