

### Case 17.1

Jane Simplecks was a 20-year-old white female who came to the emergency room with a 4-day history of fever, chills, and myalgia. Two days prior to this, she had noted some genital lesions.

Two days ago Jane had developed a severe headache and a stiff neck. Loud noises and bright lights bothered her, but she could still go about most of her daily activities.

Previously she had not been sick for several years. She said the genital lesions were very painful. She said she had a new boyfriend with whom she had a sexual relationship; they used condoms but maybe not all the time. She had no history of sexually transmitted diseases. She didn't think Dick did either because he was from one of the oldest families in town and his father was a lawyer. Pelvic examination revealed extensive vesicular lesions on the labia and marked edema. The cervix also had some necrotic ulcerations. There was no inguinal lymphadenopathy.

**Question 1.** What are the major causes of genital lesions (in this country)? Explain.

**Question 2.** How are Herpes lesions described? How can the primary lesion of syphilis be described?

**Question 3.** Could any of the organisms that cause genital lesions be responsible for Jane's constitutional symptoms (fever, chills, myalgia)?

**Question 4.** What tests should you perform next to confirm Herpes?

### Case 17.2

Jane Simplecks was a 20-year-old white female who came to the emergency room with a 4-day history of fever, chills, and myalgia. Two days prior to this, she had noted some genital lesions.

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**Question 1.** What are the major causes of genital lesions (in this country)? Explain.

**Question 2.** Considering all the information you have, what do you think is the most likely diagnosis? Explain.

**Question 3.** What therapy is available for herpes meningitis?

**Question 4.** How Herpes viruses that are resistant to acyclovir survive?

**Question 5.** How could you confirm your diagnosis of herpes infection?

**Case 17.3**

Jane Simplecks was a 20-year-old white female who came to the emergency room with a 4-day history of fever, chills, and myalgia. Two days prior to this, she had noted some genital lesions.

Two days ago Jane had developed a severe headache and a stiff neck. Loud noises and bright lights bothered her, but she could still go about most of her daily activities.

Previously she had not been sick for several years. She said the genital lesions were very painful. She said she had a new boyfriend with whom she had a sexual relationship; they used condoms but maybe not all the time. She had no history of sexually transmitted diseases. She didn't think Dick did either because he was from one of the oldest families in town and his father was a lawyer. Pelvic examination revealed extensive vesicular lesions on the labia and marked edema. The cervix also had some necrotic ulcerations. There was no inguinal lymphadenopathy.

**Question 1.** What are the major causes of genital lesions (in this country)? Explain.

**Question 2.** How is herpes transmitted and where did Jane acquire the infection? Why do you think the infection occurred?

**Question 3.** What is her prognosis? Explain.

**Question 4.** What counseling should you give her? Explain.