Editorial Open Access

## Perception regarding syphilis

Raveen Rajnath\*

Department of Microbiology, University of Calicut, Calicut, India

\*Corresponding author: Raveen Rajnath, Department of Microbiology, University of Calicut, Calicut, India E-mail: raveenraj56@yahoo.com

Received date: October 06, 2021; Accepted date: October 20, 2021; Published date: October 27, 2021

Citation: Rajnath R (2021) Perception Regarding Syphilis J Clin Infect Dis Pract 6: 140.

Copyright: © 2021 Rajnath R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

## Editorial

Syphilis is caused by a spirochete bacterium called Treponema pallidum. It penetrates broken skin of the genitals or the mucous membranes of the mouth or anus. Syphilis is most generally passed on through vaginal without a condom or dental dam, with somebody who has syphilis. An individual can pass on syphilis regardless of whether they don't have any symptoms. Syphilis causes infectious chancres or rashes. Chancres shift in size from a couple of millimeters to a few centimeters. A chancre is typically easy, lone, and shallow, with a sharp line and raised hard edge. Around 70-80% of patients have rubbery, non-tender, swollen lymph nodes, frequently on just one side of the groin, during the initial stage of infection. If untreated, the chancre will remain for 1-6 weeks [1]. Whenever treated, it recuperates without scarring in fourteen days. Contact with these wounds and rashes are the principle way that syphilis is passed on. This implies the disease can be spread through genital contact, regardless of whether you don't ejaculate. Individuals with syphilis will not notice any symptoms for quite a long time. Without treatment a syphilis infection passes through various stages and can turn into a more serious, spreading to different body parts [2]. The principal thing an individual may see is a painless sore (called a chancre) - typically around their butt or genitalia. An individual would normally get this around 2-3 weeks after disease, however not every person encounters this side effect. Chancres regularly recuperate without help from anyone else, however without treatment the disease will advance and more side effects and medical conditions will create. Later manifestations: Half a month after the early side effects have passed, you may begin to feel sick, with a fever or cerebral pain and notice weight reduction or skin developments around the anus or genitalia. A few individuals get rashes on their body, frequently on the palms of their hands or bottoms of their feet. Latent stage, after this, an individual may live with syphilis for quite a long time with no symptoms of the infection. This is known as the 'inactive phase' of disease [3]. Nonetheless, if syphilis is still left undiscovered and untreated, the disease will proceed to cause serious medical issues. Late stage syphilis, whenever left untreated, syphilis will in the long run cause serious medical conditions. It can cause irreversible damage to the heart, cerebrum and nervous system and lead to loss of sight and

hearing. Getting tried and treated early implies that you can keep this from occurring, permitting you a full-recuperation. An individual determined to have syphilis ought to likewise test for HIV. Having a STI, including syphilis, can expand the danger of getting HIV. This is on the grounds that having a STI, particularly one that causes lesions or chancres, makes it simpler for HIV to get into the body and cause a contamination. Individuals living with HIV can likewise be bound to get syphilis. This is particularly the situation for individuals who aren't on treatment or who have a lower CD4 cell count. A person with is vulnerable to infectious diseases like syphilis, if the immune system is feeble [4]. Syphilis may likewise advance all the more rapidly in individuals living with HIV. Blood and fluid tests are done to diagnose other irresistible transmitted diseases that are regularly present alongside syphilis. Anti-infection agents (penicillin, doxycycline, or antibiotic medication) will be given to treat the disease [5]. Engaging in activity isn't encouraged until the chancres recuperate.

## References

- Flores EC, Lluque ME, Chiappe M, Lino R, Bayer AM, et al. (2015)
   Operations research study to implement HIV and syphilis point-of-care
   tests and assess client perceptions in a marginalised area of Lima, Peru.
   Int J STD AIDS 26:723-738.
- Green BL, Maisiak R, Wang MQ, Britt MF, Ebeling N, et al. (1997)
   Participation in health education, health promotion, and health research
   by African Americans: Effects of the Tuskegee Syphilis Experiment J
   Health Educ 28:196-201.
- Ekstrand M, Tydén T, Larsson M (2011) Exposing oneself and one's partner to sexual risk-taking as perceived by young Swedish men who requested a Chlamydia test. Eur J Contracept Reprod Health Care 16: 100-107
- McDonagh LK, Saunders JM, Cassell J, Curtis T, Bastaki H, et al. (2018)
   Application of the COM-B model to barriers and facilitators to chlamydia testing in general practice for young people and primary care practitioners: A systematic review Implement Sci 13:1-9.
- de Figueiredo MS, Cavalcante EG, de Oliveira CJ, Monteiro MD, da Silva Quirino G, et al. (2015) Perception of nurses on the adhesion of partners of pregnant women with syphilis to the treatment. Rev Rene 20;16(3).