

At the STD Clinic at Queen Elizabeth Central Hospital, Blantyre, a total of 1295 male patients with complaints of either urethral discharge and/or dysuria (urethritis), or genital ulcer disease (GUD) were enrolled in the study. Gonococcal urethritis was diagnosed in 415 (80.3%) and nongonococcal urethritis (NGU) in 59 (11.2%) of 517 males enrolled with urethritis. *Haemophilus ducreyi* cultures were positive for 204 (26.2%) of the 778 patients enrolled with GUD. The syphilis seropositivity rate (RPR and MHA-TP reactive) was 10.7% for the urethritis patients and 17.0% of 758 examined sera among the GUD patients. Reactive syphilis serology and/or positive DFA was found for 228 (33.5%) of 681 GUD patients. HIV seroprevalence was 44.2% among the urethritis patients and 58.9% among the GUD patients. For patients with urethritis, trimethoprim 320 mg/sulfamethoxazole 1600 mg PO for 2 days (TMPSMX), or the combination of amoxicillin 3 gm, probenecid 1 gm, and clavulanate 125 mg PO once (APC), failed to cure gonorrhoea effectively. Amoxicillin 3 gm, and clavulanate 125 mg, PO once with doxycycline 100 mg BID for 7 days (APC-D), gentamicin 240 mg IM once (GENT), and ciprofloxacin 250 mg PO once (CIPRO) cured 92.9% to 95% of gonorrhoea. APC-D treatment did not generate less NGU at follow-up. For the patients with GUD, cotrimoxazole DS (960 mg) PO twice daily for seven days (TMPSMX) was ineffective for the treatment of chancroid-proven GUD. Erythromycin 250 mg three times daily for 7 days (ERY250), erythromycin 500 mg three times daily for seven days (ERY500), ciprofloxacin 250 mg once daily for 5 days (CIP1D) and ciprofloxacin 500 mg (CIP5D) stat dose appear to be equally effective for chancroid proven GUD. Although HIV serostatus did not effect cure of arthritis, HIV infection clearly impaired healing of GUD. All patients presenting With urethritis or GUD complaints should be treated syndromically, using a simple algorithm, and screened for syphilis seroreactivity for appropriate treatment and counseling.