**Gonorrhea**

 Gonorrhea is a treatable sexual transmitted disease that is caused by a bacterium called Neisseria gonorrhoeae from Neisseriacae family.  These bacteria are introduced to the human body through sexual intercourse (Barlow, D. 2004). These bacteria can affect different parts of the body such as the rectum, mouth and the genital tract. In males it attacks the urethra, in females the cervix. These bacteria can also attack the throat in both males and females.

                          Barlow, D. (2004) says that the mode of transmission is during sexual intercourse anal oral or vaginal. People who practice anal sex may get gonorrhea of the rectum. In women even those who do not engage in anal sex may get gonorrhea of the rectum if the sexual fluids make contact with the anus.

                          The signs and symptoms of gonorrhea are not always obvious to note. One may be infected with gonorrhea and not know it at all. The symptoms may appear within 2 to 14 days after infection. Half of those infected with gonorrhea do not show the symptoms. Males are more likely to show the signs and symptoms of gonorrhea as compared to women. Famiglietti, N. M., & Diana, S. (2012) claim that in men gonorrhea  causes painful urination, green puss like penile discharge or creamy discharge it may or may not be accompanied by testicular pain. Sweet, R., & W. (2011) say that in women there may be painful or excessive bleeding during periods, lower abdominal pains lower back pains symptoms of rectal infection such as itching, genital itching, painful micturation, abnormal vaginal bleeding during or after sexual intercourse, fever and general feeling of tiredness, painful sexual intercourse, sore throat and swelling of the Bartholin glands.

                           Gonorrhea may be diagnosed through lab tests by collecting samples of cells from your body. These samples may be collected in urine or swabs from the affected areas. Urine sample may identify if the bacterium is in the urethra. One may also decide to do swabs from the rectum, vagina, urethra and throat for culture and sensitivity to determine if the bacteria are present and its sensitivity to drugs (Famiglietti, N. M., & Diana, S. 2012).

                          Gonorrhea is mainly treated with antibiotics. Owing to the upcoming resistant strains of Neisseria gonorrhea it is recommended that uncomplicated gonorrhea be treated with inject able antibiotic ceftriaxon in combination with either doxycycline or azythromycin which are taken orally. Other research work recommends injectable gentaycin in combination with gemifloxacin or oral azythromycin these combinations are beneficial to persons who are allergic to cephalosporins.  Furthermore it is recommended that the sexual partner to undergo diagnostic tests for gonorrhea and get treatment even if the signs and symptoms of the disease are not present this is because one can easily be re-infected with gonorrhea even if they have already been treated for it. Babies born to mothers who are infected with gonorrhea also get treatment with an eye ointment immediately after birth to prevent infection. Disseminated gonorrhea needs which may affect the blood stream, heart valves or even the brain needs one to be hospitalized for it to be managed effectively. Intravenous antibiotics such as ceftriaxon, ciprofloxacilin or intramuscular spectomycin are used in the management of disseminated gonorrhea.

                             The only way that is 100 percent sure of preventing gonorrhea is abstinence but if one is sexually active they may use other methods such as the use of reliable quality condoms during sexual intercourse, having and sticking to one sexual partner who does not have the disease and by getting diagnosed and prompt treatment of the disease especially if the sexual partner was diagnosed with the disease or any other sexual transmitted disease.

                                   Famiglietti, N. M., & Diana, S. (2012) says that the prognosis of gonorrhea largely depends on its prompt diagnosis and treatment. If identified early it can be treated with full recovery. If left untreated gonorrhea can complicate. In men it can cause epididymitis, scarring of the urethra and infertility (Barlow, D. 2004). If left untreated in women, gonorrhea may lead to pelvic inflammatory disease, scarring of the fallopian tubes which may result to infertility. It may also cause ectopic pregnancy, miscarriage and preterm delivery. Moreover, in pregnant women if gonorrhea is left untreated it may affect the fetus which may cause malformation of the fetus. Furthermore, if the baby is born to a mother who had had untreated gonorrhea the baby may be infected. In rare cases untreated gonorrhea may disseminate and cause septicemia, heart valve diseases and meningitis if it goes to the brain (Famiglietti, N. M., & Diana, S. 2012).

                                 Gonorrhea prognosis is highly dependent on early diagnosis and its treatment. Treatment with antibiotics during its early stages is always 100 percent effective when we stick to the prescription. Moreover, it is also essential that our sexual partners are treated of the disease. If left untreated gonorrhea can disseminate and cause infection elsewhere. Thus, it is important to make early diagnosis and treat gonorrhea (Christian, P. 2005).

**Reference**

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