Presented by
The Male Health Exam Practicum
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Medical Director, The Young Men’s Clinic
Positive experience, Apprehensions, Fears of the Male GU Exam – Group Share
# DISCLOSURE STATEMENT

<table>
<thead>
<tr>
<th>David L Bell, MD, MPH</th>
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<tbody>
<tr>
<td><strong>Commercial Interest</strong></td>
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<td>Nothing to disclose</td>
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Learning Objectives

- Review approach to male exam
- Identify common male GU dermatology concerns
- Refine your skills performing the male health exam.
Male Anatomy

1. Structure 1
2. Structure 2
3. Structure 3
4. Structure 4
5. Structure 5
6. Structure 6
7. Structure 7
8. Structure 8
9. Structure 9
10. Structure 10
11. Structure 11
12. Structure 12
Smegma
Benign Pearly Papules
Sebaceous Cysts
Sebaceous Cysts (Scrotum)
Phimosis
Paraphimosis
Lichen Nitidus
Balanitis
Balanitis Circinata
Lichen Planus
Psoriasis
Psoriasis
The “celes”
Hydroceles
Spermatoceles (Epidydimal Cysts)
Varicocele
Hernia
Scabies
Hypospadius (Malformation)
Gonorrhea
Chlamydia
Syphilis
HPV-Condyloma

The CDC recommends HPV vaccination for 11 and 12 year olds.
HPV Vaccine – New Recommendation

– After the October 2016 ACIP meeting, CDC now recommends that 11 or 12 year olds receive 2 doses of HPV vaccine instead of 3.
Herpes
Herpes Serologic Testing

- HerpesSelect
  - Glycoprotein

- Not routine
  - Previous diagnosis without testing without recurrent symptoms
  - Recurrent symptoms
  - Exposure to HSV + partner
HIV PREVENTION PRIMER
PrEPARING FOR THE END OF HIV?
Decreasing Incidence of HIV

- Recognizing Acute HIV
- Testing
- Early Treatment
- Post-Exposure Prophylaxis (PEP)
- Pre-Exposure Prophylaxis (PrEP)
Recognizing Acute HIV is important!

- Uninfected
- HIV Exposure
- 2-3+ Weeks
- ACUTE HIV: 50-80% Symptoms (Flu-like), Antibody Test Negative
- HIV Antibody Test Positive
Recognizing Acute HIV is important!

<table>
<thead>
<tr>
<th>Features</th>
<th>Overall (n=375), %</th>
<th>Male (n=355), %</th>
<th>Female (n=23), %</th>
<th>Sexual (n=324), %</th>
<th>Injection drug use (n=34), %</th>
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<tbody>
<tr>
<td>Fever</td>
<td>75</td>
<td>74</td>
<td>83</td>
<td>77</td>
<td>50</td>
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<tr>
<td>Fatigue</td>
<td>68</td>
<td>67</td>
<td>78</td>
<td>71</td>
<td>50</td>
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<tr>
<td>Myalgia</td>
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<td>26</td>
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<tr>
<td>Cervical adenopathy</td>
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<td>26</td>
<td>28</td>
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<td>Night sweats</td>
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<td>28</td>
<td>22</td>
<td>30</td>
<td>27</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>27</td>
<td>27</td>
<td>21</td>
<td>28</td>
<td>23</td>
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Five Generations of HIV Tests

**First generation**
- ELISAs. Used an antigen consisting of viral lysates to detect IgG antibodies. Mean window period: 56 days.

**Second generation**
- Recombinant HIV proteins or synthetic peptides detect HIV-1/2 IgG antibodies. Window period: 42 days.

**Third generation**
- Combination or "combi" tests can detect HIV-1 group M and O, as well as HIV-2. Use recombinant/synthetic peptides to detect IgG and IgM antibodies produced by B cells. Window period: 22 days.

**Fourth generation**
- HIV-1, Group M, and HIV-2 IgG and IgM antibodies as well as the HIV-1 p24 antigen. Window period: 15-17 days.

**Fifth generation**
- A multiplexed screening test that detects and differentiates all three HIV analyte markers: HIV 1 antibodies, HIV 2 antibodies, and the HIV 1 p24 antigen.
Generations of HIV testing

![Graph showing different generations of HIV testing methods.](image-url)
New Testing Algorithms

New CDC Recommendations for HIV Testing in Laboratories

A step-by-step account of the approach

CDC’s new recommendations for HIV testing in laboratories capitalize on the latest available technologies to help diagnose HIV infections earlier – as much as 3-4 weeks sooner than the previous testing approach. Early diagnosis is critical since many new infections are transmitted by people in the earliest (“acute”) stage of infection.

By putting the latest testing technology to work in laboratories across the United States, we can help address a critical gap in the nation’s HIV prevention efforts.

Step 1: “Fourth generation” HIV test
Detecting HIV sooner
Detected HIV in the blood earlier than previously recommended antibody tests by identifying the HIV-1 p24 antigen, a viral protein which appears in the blood sooner than antibodies.

Positive

Diagnosis HIV-negative

False Positive

Diagnosis Acute HIV-1 Infection

Step 2: HIV-1/HIV-2 antibody differentiation immunoassay
Diagnosing HIV-1 vs. HIV-2

Positive

Negative or Indeterminate

Step 3: Nucleic Acid Test (NAT)
Acute HIV-1 infection or “false positive”?
Ensures accurate detection of early infection or indicates a false positive from the fourth generation test.

Interpret Test Results as HIV-1 or HIV-2

This graphic is designed to illustrate key concepts of the new testing approach in laboratories. For more detail, please see the full guidelines here: https://www.cdc.gov/hiv/pdf/HTesting/AlgorithmRecommendation-Final.pdf.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

www.cdc.gov/nchhstp/newsroom
Decreasing Incidence of HIV

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- Testing
- Early Treatment
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Take Away Points
Acknowledgements

Photos courtesy of:

Dermatology Image Atlas

Centers for Disease Control & Prevention
Approach to the Male GU Exam

- Materials/Room Set-up
- Stool or Chair
- Sit upright
- Word Choice
- The Exam
Overview of the Male GU Exam

- Outside/In
- Assess Pubertal Status (<18yo)
- Inspect Pubic Area generally
- Palpate for Lymph Nodes
- Examine Testicles and Scrotum
- Assess for hernias
- Inspect Penis, including urethral stripping when necessary.
MALE PRACTICUM