

# Skin Issues Related to STDs (STIs)

Dermatology evaluation of rashes, bumps, sores, and growths that may be related to sexually transmitted infections

## Overview

Some sexually transmitted infections can cause **visible skin or mucosal changes**, including **warts, blisters, sores, rashes, and bumps**. Common examples include **genital warts** from HPV, **genital herpes, syphilis**, and in adults, some cases of **molluscum contagiosum** that are spread through sexual contact.

A dermatologist can help evaluate skin findings that may be related to an STI, but care is often **coordinated with primary care, gynecology, urology, infectious disease, or sexual health services** because some conditions also require **swab testing, blood testing, partner management, or prescription antiviral/antibiotic treatment**.

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## Common Skin Concerns Related to STDs

### Genital Warts (HPV)

Genital warts are caused by certain types of **human papillomavirus (HPV)** and may appear as **small flesh-colored, pink, or slightly rough bumps** in the genital or anal area. Treatment options may include office-based procedures such as freezing or prescription therapies, depending on the location and number of lesions.



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## Genital Herpes

Genital herpes can cause **painful blisters or sores** on or around the genitals, rectum, or mouth. Some people have classic outbreaks, while others have mild symptoms that can be mistaken for irritation, pimples, or ingrown hairs. If sores are present, CDC recommends confirming the diagnosis with **type-specific testing from the lesion** when possible.



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## Syphilis

Syphilis can cause several skin findings depending on the stage. **Primary syphilis** often causes a **painless sore (chancre)** at the site of exposure. **Secondary syphilis** can cause a **rash**, including on the **palms of the hands and soles of the feet**, along with other mucosal lesions.



## Molluscum Contagiosum

Molluscum contagiosum causes **small, smooth, dome-shaped bumps** with a central dimple. In adults, it can spread through **sexual contact**, especially when lesions are in the genital area.



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## What Symptoms Should Prompt an Evaluation?

Schedule an evaluation if you notice:

- New **genital or anal bumps**
- **Painful blisters or sores**
- A **painless sore** that does not seem typical
- A new **rash on the palms or soles**
- Persistent itching, irritation, or lesions that keep coming back
- Skin findings after exposure to a partner with a known STI.

Seek urgent medical care if you have severe pain, fever, widespread rash, rapidly worsening swelling, trouble urinating, or sores involving the eyes. This recommendation is based on general clinical caution; specific urgent symptoms vary by diagnosis.

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# How We Evaluate Skin Issues That May Be Related to an STI

Evaluation may include:

- A **careful skin exam**
- A review of symptom timing, exposures, shaving/skin irritation, and prior treatments
- **Swab testing** from lesions when appropriate
- **Blood testing** for infections such as syphilis
- **Skin biopsy** if the diagnosis is unclear or lesions are atypical.

Because many STI-related lesions can resemble non-infectious conditions, accurate diagnosis is important before treatment begins.

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## Treatment Options

Treatment depends on the diagnosis:

- **Genital warts:** office treatment and/or prescription therapy may be used.
- **Genital herpes:** antiviral medication is typically used; lesion testing may guide diagnosis.
- **Syphilis:** requires medical treatment based on stage and formal testing.
- **Molluscum contagiosum:** some cases are monitored, while others are treated in the office depending on symptoms and spread.

Dermatology may provide **skin-directed treatment** for visible lesions, but some infections also require **systemic treatment and partner notification/testing guidance** through broader STI care.

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## Pre-Op Instructions

*If an in-office procedure such as cryotherapy, biopsy, or lesion treatment is planned*

- Arrive with **clean skin**
- Avoid applying heavy ointments or creams to the area right before the visit
- Tell us if you take **blood thinners**
- Tell us about allergies to adhesives, antiseptics, or numbing medicine
- Do **not** shave or further irritate a painful or blistering area right before evaluation if possible.

These are general minor-procedure precautions based on standard dermatology workflow; the exact plan depends on the diagnosis and procedure. When STI testing is needed, lesion samples are often most useful when sores are still fresh rather than fully healed.

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# Post-Op Instructions

*After biopsy, freezing, or lesion treatment*

- Keep the treated area **clean and dry** as instructed
- Use prescribed ointment or dressing care exactly as directed
- Avoid friction, picking, or shaving over the treated area until healed
- Call the office if you develop **increasing redness, pus, worsening pain, fever, or bleeding that does not stop**

If you were treated for a lesion that may be STI-related, follow-up is important because some conditions also need **lab review, prescription medication, or referral for additional STI care.**

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## Frequently Asked Questions

### **Are all genital bumps or sores caused by an STD?**

No. Ingrown hairs, cysts, irritation, dermatitis, and other skin conditions can mimic STI-related lesions. That is why an accurate diagnosis matters. Clinical diagnosis of herpes, for example, can be difficult because many lesions are subtle or atypical.

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### **What skin findings are most commonly linked to STDs?**

Common visible findings include **genital warts, herpes blisters/sores, syphilis sores or rash,** and some cases of **molluscum contagiosum** in adults.

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### **Can a dermatologist diagnose herpes just by looking?**

Sometimes a clinician may strongly suspect herpes, but CDC notes that diagnosis can be difficult based on appearance alone, and lesions should be confirmed with **type-specific virologic testing** when possible.

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### **What does syphilis look like on the skin?**

Syphilis may cause a **painless sore** in the primary stage. In secondary syphilis, a rash may appear and can involve the **palms and soles.**

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## **Can adults get molluscum through sexual contact?**

Yes. CDC states that many molluscum infections in adults occur through **sexual activity**.

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## **If I have genital warts, does that mean I need dermatology or gynecology/urology?**

Sometimes both. Dermatology can help with **visible skin lesion treatment**, while gynecology, urology, primary care, or STI clinics may be involved depending on the location and whether broader STI care is needed. CDC includes both patient-applied and provider-applied treatment options for anogenital warts.

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## **Should my partner be evaluated too?**

Possibly. STI management often includes guidance about partner testing or treatment depending on the infection. This is especially important for infections such as syphilis and herpes.

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## **When should I seek urgent care instead of waiting for an office visit?**

Seek urgent care for severe pain, rapidly spreading rash, fever, trouble urinating, widespread sores, or eye involvement. These symptoms can indicate a more serious process and need prompt evaluation.