# *MYCOPLASMA GENITALIUM*: AN IMPORTANT CONSIDERATION IN MALE URETHRITIS

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**Introduction**: *Mycoplasma genitalium* is a sexually transmissible bacterium. In males, infection often presents with symptomatic urethritis. Females are commonly asymptomatic, with signs of cervicitis identified during pelvic examination. Persistent urethritis is a common complication of *M. genitalium* infection. Pregnancy outcomes may also be adversely affected. Diagnostic tests for the bacterium have recently become more accessible due to developments in nuclear acid amplification technologies. This has sparked a renewed interest in the condition. Infection with *M. genitalium* is common. A South Australian study found a prevalence of 8.1% in males presenting to a sexual health clinic with symptomatic urethritis. *M. genitalium* is often identified as a co-infection with other sexually transmissible infections (STIs). However, it is frequently resistant to empirical STI treatment. First line testing is therefore vital to ensure timely diagnosis and appropriate treatment. First line testing is now recommended in several international guidelines. Guidelines for treatment, however, remain inconsistent.

The primary objective of this study was to evaluate the rate of first line testing for *M. genitalium* in symptomatic males at a sexual health clinic. Treatment of the infection, and empirical treatment for urethritis, were also reviewed.

**Methods**: A retrospective audit was conducted at a Perth sexual health clinic for men who have sex with men. Every 'symptomatic' clinic visit from 2016 was included in the audit. Data were obtained from primary electronic medical records. Cases of urethritis were identified by documented symptoms and/or signs. Investigation requests and/or results identified those who were tested for *M. genitalium*. Prescribed treatments were recorded for all cases, and compared to clinic and external guidelines.

**Results**: 165 'symptomatic' clinic separations occurred during the study period. 115 cases of urethritis were identified. 67% (77 cases) were tested first line for *M. genitalium*. Four cases (5%) tested positive for *M. genitalium*. No cases of *M. genitalium* were treated in line with clinic guidelines. 92% (106 cases), were either treated empirically for urethritis, or had documented reasons as to why treatment was withheld. Empirical treatment of urethritis was in line with guidelines in 100% of cases.

**Conclusions**: The rate of first line testing for *M. genitalium*, and treatment according to clinic guidelines, fell short of the desired standard. This may reflect the emerging nature of the infection, and the frequent updates in the sexual health literature regarding treatment. Further research, and the development of widely accepted testing and treatment guidelines, will help improve practice in this important area of medicine.

**References**

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