

Mycoplasma genitalium infection

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1 *Mycoplasma genitalium* infection is an emergent, sexually transmitted infection (STI) that causes similar manifestations to gonorrhea and chlamydia

Infections caused by the bacteria *Mycoplasma genitalium* can be asymptomatic; however, symptoms can include dysuria and urethral discharge in men, and vaginal discharge in women. Complications in women include pelvic inflammatory disease, infertility, preterm birth and spontaneous abortion.¹ Infections may occur in isolation or concurrently with other STIs.

2 *Mycoplasma genitalium* infection is common worldwide

The prevalence of infection caused by *M. genitalium* varies by population and geographic area. Canadian studies involving attendees at STI clinics have reported prevalences of 4.5%–5.3% in men and 3.2%–7.2% in women.^{2,3}

3 Routine testing for *Mycoplasma genitalium* infection is not recommended

Testing is recommended in men with persistent or recurrent urethritis and in women with cervicitis or pelvic inflammatory disease despite empiric treatment, and when test results for gonorrhea and chlamydia are negative.⁴ Local laboratories should be consulted regarding specimen type and transport media, because access to nucleic acid amplification tests is variable across Canada. Antimicrobial resistance molecular testing is available at the National Microbiology Laboratory in Winnipeg.

4 Treatment options for *Mycoplasma genitalium* infection are limited by antimicrobial resistance

Azithromycin is recommended as the first-line agent for the treatment of uncomplicated *M. genitalium* infections (including in pregnancy). However, some Canadian studies have reported resistance rates of 47% to 58% for macrolides and 2%–20% for fluoroquinolones.^{2,3,4} Individuals who have not received previous empirical treatment for urethritis or cervicitis with single-dose azithromycin should receive a 5-day course of azithromycin.⁵ In treatment failure or with confirmed macrolide-resistant infection, moxifloxacin is recommended.⁵ Treatment failure with moxifloxacin is uncommon. Test of cure is recommended only in those with persistent symptoms after treatment.⁵

5 Sexual partners should be treated with the same therapy as the index case

Sexual partners should be treated regardless of the presence or absence of symptoms.⁵ They do not need to be tested before treatment.⁵

References

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