

An update on Mycoplasma genitalium: an emerging cause of sexually transmitted conditions

A spotlight has been cast on a little known organism called Mycoplasma genitalium as an emerging cause of sexually transmitted conditions in women and men.

While we still need to learn more about M.genitalium, it is important to know how the medical community in Australia is responding to this newly discovered infectious bacterium. In women, M.genitalium is known to be associated with inflammatory conditions of the cervix (cervicitis) and upper genital tract (pelvic inflammatory disease or PID). If untreated, PID can lead to complications including infertility, miscarriage and preterm delivery, although the exact role of M.genitalium in these complications is not yet clear. In men, M.genitalium is strongly associated with urethritis, which is an inflammatory condition of the urethra, the tube that extends from the bladder to the exterior carrying urine as well as semen. Sometimes urethritis is complicated by infections at other sites such as the testicles or prostate. These conditions are more commonly associated with other sexually transmitted organisms, in particular chlamydia, but now that we are able to accurately test for M.genitalium we will be able to more precisely establish the role this organism plays in the Australian setting.

As a result of the development and availability of diagnostic tests for M.genitalium doctors can now test women with symptoms suggestive of cervicitis or PID. Symptoms may include bleeding after intercourse, vaginal discharge or pelvic pain. Testing will occur at the same time as testing for chlamydia and gonorrhoea. Men with symptoms such as painful urination or a discharge from the penis diagnosed with urethritis, which is not caused by either chlamydia or gonorrhoea, are also tested for M.genitalium. Unlike chlamydia infection, for which we offer 'screening' to people who are at risk but do not have any symptoms, we do not screen for M.genitalium. However, we will test and treat people if their sexual partner has been diagnosed and treated for M.genitalium, even if they have no symptoms.

Treatment for people diagnosed with M.genitalium currently includes an antibiotic called azithromycin which is also used to treat chlamydia. However, it appears that M.genitalium is increasingly resistant to azithromycin which means that treatment can fail. Other second-line antibiotics are available although these are relatively expensive and are usually prescribed by specialist sexual health clinics. People who test positive for M.genitalium will be advised to return to their doctor about three weeks after their initial antibiotic treatment to make sure no further antibiotics are needed. Australian experts together with colleagues across the world are at the forefront of research to ensure that we manage M.genitalium and antibiotic use appropriately given its high level tendency to develop resistance. A recently approved test which can detect whether M.genitalium is sensitive to particular antibiotics may soon become widely available in Australia which will help in the control of this emerging bacterium.

Talk to your local health professional or visit your nearest Family Planning clinic if you would like to know more about Mycoplasma genitalium, and seek medical attention if you have any symptoms which might be linked with this organism.

