

***Mycoplasma genitalium* Urethritis: Prevalence and Drug-Resistance Patterns**

Persistent urethritis symptoms are frequent in men regardless of the detection of M. genitalium.

Mycoplasma genitalium (MG) is increasingly recognized as a cause of male urethritis, and recent studies indicate increasing prevalence of macrolide-resistance mutations (MRMs). In a study sponsored by the Centers for Disease Control and Prevention, investigators evaluated the prevalence, drug resistance, and outcomes of men with urethritis in six geographically diverse sexually transmitted disease (STD) clinics in the U.S. Enrolled patients with clinically and laboratory-confirmed urethritis provided urethral and urine samples at baseline for the nucleic acid detection of pathogens and macrolide- and quinolone-associated resistance mutations. Patients were treated per the local standard of care and were followed for 14 to 17 days to assess symptom resolution. Medical records were reviewed for 45 days postenrollment for those with MG infection at baseline or those who reported persistent symptoms.

Of 914 participants in the primary evaluable population, 28.7% had MG infection, ranging by site from 20.4% to 38.8%. Another pathogen co-occurring with MG was identified in 52.8% of patients. MRMs were found in 64.4% of tested participants and quinolone-resistance mutations in 11.5%. Of 763 patients with follow-up data, 19.8% had persistent symptoms; MG status did not affect symptom persistence. Of those who received a macrolide as initial therapy for urethritis, symptoms were persistent in 25.8% of men with MRM and MG — nonsignificantly more than in the 13.0% of men with MG without MRM and the 17.2% of men without MG with persistent symptoms.

COMMENT

Many STD clinics now test for *M. genitalium*, although very few centers test for macrolide resistance. Several studies, including this one, point to an increasing prevalence of *M. genitalium* and MRM, but some of this study's findings warrant additional research to help guide optimal management of male patients with urethritis, such as persisting symptoms regardless of drug resistance, the lack of identifiable pathogens in many urethritis cases, and the unknown role of coinfections.

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