

## Introduction

Urethritis is an inflammation of the urethra, which may be due to many different aetiological agents. This inflammation produces symptoms of urethral discharge, dysuria or itching in the distal urethra. The characteristic physical finding is urethral discharge.

Urethritis is:

- **Gonococcal** when caused by *Neisseria gonorrhoeae*
- **Non-gonococcal** when *Neisseria gonorrhoea* cannot be detected.

Non-gonococcal urethritis:

- ~30-50% due to ***Chlamydia trachomatis***
- ~60% due to **other organisms** (non-specific urethritis - NSU) – commonly *Mycoplasma genitalium* and *Ureaplasma urealyticum* (**Note: These organisms are not routinely tested for in the laboratory.**)

Other organisms include *Trichomonas vaginalis* (1 - 17%), HSV (severe dysuria and meatitis), adenovirus, Enteric bacteria (insertive anal sex), and pharyngeal organisms (oral sex)

## Approach to the patient with symptoms of acute urethritis

Tests:

- Patient should ideally not have passed urine for **2 hours** prior to specimen collection (1 hour minimum)
- Specific tests for ***N. gonorrhoeae*** and ***C. trachomatis***

## Management

If discharge is profuse and purulent, or there has been known contact with gonorrhoea, and where follow-up is unlikely.

- Empiric treatment for gonorrhoea with **Ceftriaxone 500mg im PLUS Azithromycin 1gm orally**

Otherwise treat as per *Chlamydia trachomatis* guideline with:

- Doxycycline 100mg bd po 7 days OR
- Azithromycin 1gm po stat

Note: It is essential to check results - if *Neisseria gonorrhoeae* positive, correct treatment will need to be instituted

## Partner notification and management of sexual partners

### Partner notification:

- Sexual contacts from the past 2 months (or most recent contact if over 2 months since last contact) should be screened and treated
- Partner notification is still recommended in *N. gonorrhoea* and *C. trachomatis* negative urethritis – false negative results are possible, and evidence suggests that treatment of the female partner reduces the chance of recurrence for affected men

### Management of sexual partners:

- Perform a sexual health screen AND treat empirically with a regimen suitable for *Chlamydia*
- Partner notification as above if positive results

## Test of Cure

- Not necessary. In patients who are *N. gonorrhoeae* and *C. trachomatis* negative "Cure" is indicated by symptom resolution

## Follow-up after two weeks:

- All patients should be followed up to give results, check compliance and ensure that sexual partners have been treated
- Consider test of re-infection in 3/12

## Persistent or recurrent urethritis (NGU)

First ensure treatment compliance, and that there has been no new exposure, nor re-exposure to untreated contacts:

**Persistent:** Failure of symptoms to fully resolve two weeks after commencement of therapy for acute NGU.

**Recurrent :** Past history of NGU with resolution of symptoms after therapy, followed by recurrence of symptoms without any new exposure.

**Treatment:**

- 1 If previously treated with doxycycline, give **azithromycin 1gm po stat.**
- 2 If previously treated with azithromycin 1g po stat then give **azithromycin course ( 500mg on day one , then 250mg daily for four more days)** If heterosexual also give **metronidazole 400mg bd for seven days**, unless it is known that the female contact has been investigated and on testing is negative for trichomonas.
3. In men with urethral inflammation associated with prostatitis or chronic pelvic pain syndrome, 50% have no identifiable microbial pathogen. (Also note that U.urealyticum may be tetracycline resistant)  
Treat with **metronidazole or tinidazole 2gm po stat** (to cover for possible infection with trichomonas, given tests are insensitive in men), and if not used initially **azithromycin 1gm po stat**
4. Consider review by a Specialist Sexual Health Service, or Urologist.

**Complications:**

Epididymo-orchitis ( <1%); reactive arthritis; Reiter's Syndrome.

**Referral guidelines:**

Referral to a Specialist Sexual Health Service is recommended for:

- Persistent or recurrent urethritis

**Acute Urethritis in Men**