DELAYED CLEARANCE OF MYCOPLASMA GENITALIUM FOLLOWING AZITHROMYCIN TREATMENT

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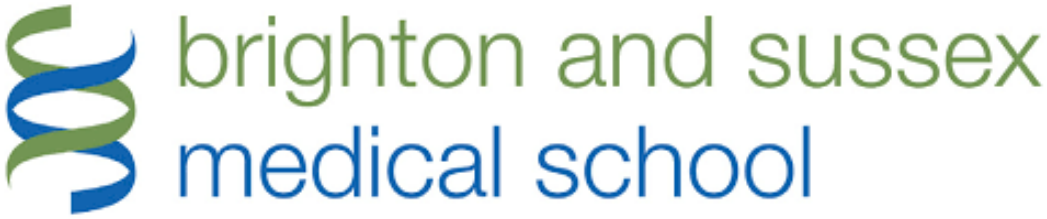
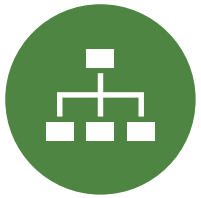


Background

Aims



Methods

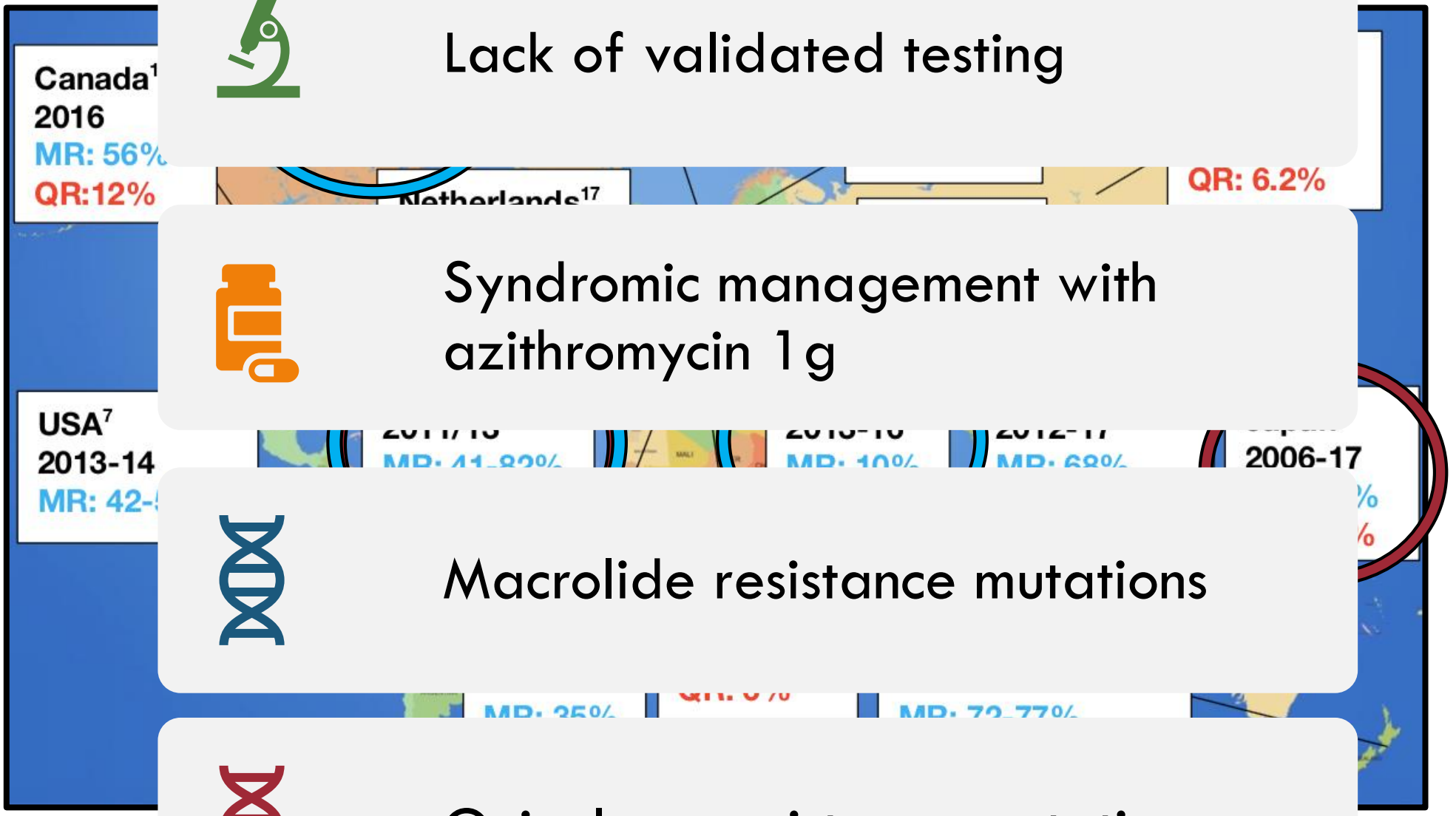
Results

Conclusions

Future research

OVERVIEW

THE PROBLEM



Lack of validated testing

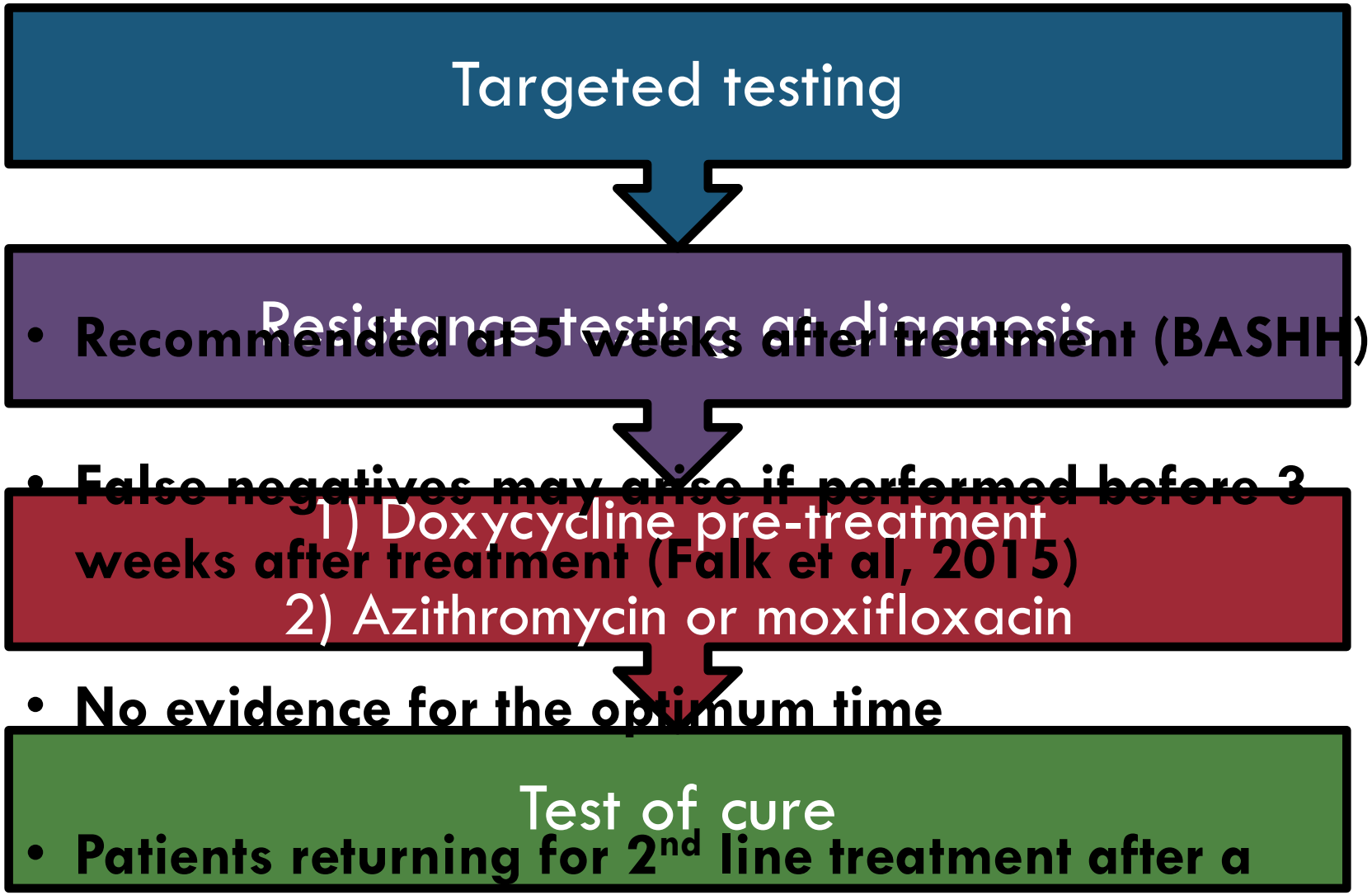
Syndromic management with azithromycin 1g

Macrolide resistance mutations

Quinolone resistance mutations

MR= Macrolide resistance, QR= Quinolone resistance

THE RECOMMENDED APPROACH



- **Recommended at 5 weeks after treatment (BASHH)**
- **False negatives may arise if performed before 3 weeks after treatment (Falk et al, 2015)**
- **No evidence for the optimum time**
- **Patients returning for 2nd line treatment after a significant delay were negative when re-tested**

1) Doxycycline pre-treatment
2) Azithromycin or moxifloxacin

OUR QUESTION AND AIMS

Does **additional time to TOC** improve Mgen clearance rates following azithromycin, without the need for further treatment?

Aims:

- **Identify patients with a positive TOC after treatment**
- **Determine the proportion of patients with a negative TOC and hence spontaneous clearance at the time of 2nd line treatment**
- **Determine the mean time from azithromycin treatment to spontaneous clearance**

METHODS

Setting:

- The Claude Nicol Centre, Brighton
- TOC performed routinely at 5 weeks, no resistance testing

Population:

- Patients with a positive TOC after azithromycin treatment
- October 2017 – May 2018

Intervention:

- An extra TOC when the patient returned for moxifloxacin treatment

Analysis and Statistics:

- Retrospective analysis of electronic patient records
- SPSS V.25.0 software

RESULTS:

THE SAMPLE POPULATION

12 patients with a positive TOC gave an extra TOC sample

8/12 (66.6%) male [6 NGU, 2 proctitis]

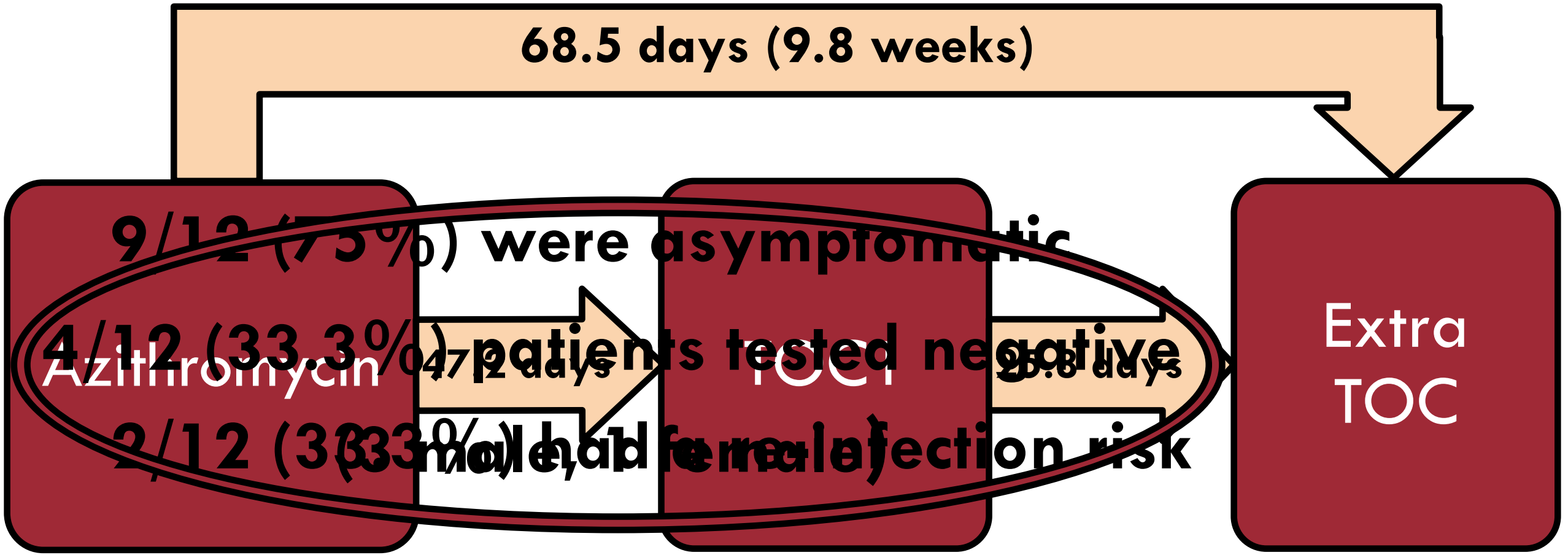
4/12 (33.4%) female [2 PID, 2 contacts]

6/12 (50%) patients (all male) received doxycycline treatment before azithromycin

All patients were adherent to azithromycin treatment

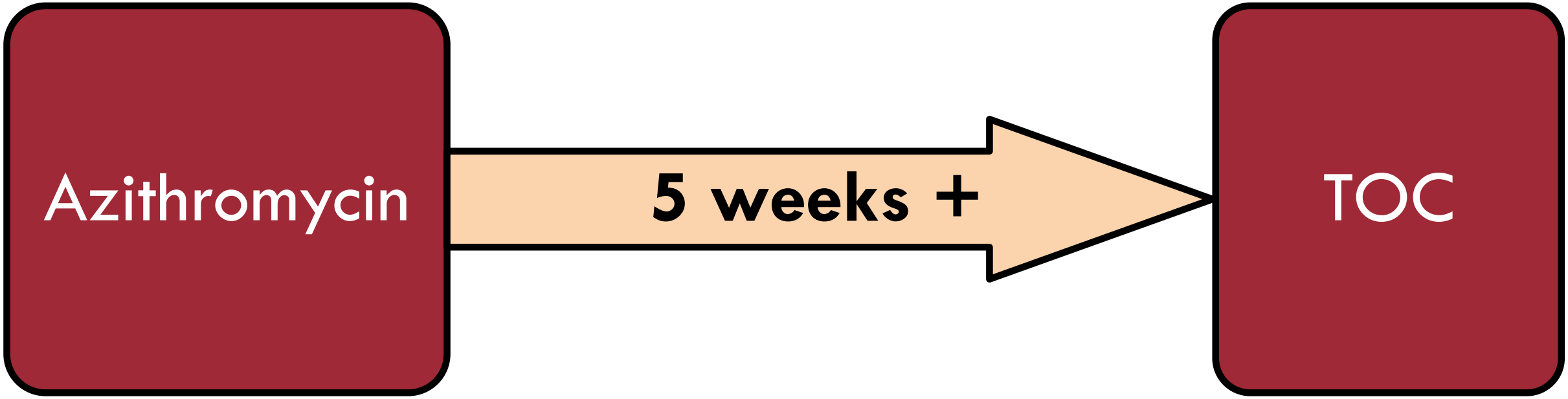
RESULTS:

THE PATIENT JOURNEY AND OUTCOMES



CONCLUSIONS

- **Patients can experience delayed clearance of infection**
- **Some patients are receiving 2nd line treatment inappropriately**



LIMITATIONS

- SINGLE CENTRE
- SMALL COHORT
- RETROSPECTIVE

PERTINENT QUESTIONS

What is the optimum time for TOC?

Is prolonged time to TOC practical?

Benefit vs risk?

Analyse the impact of an extra TOC on the number of patients receiving 2nd line treatment

Longitudinal study to find the optimum time to TOC

FUTURE RESEARCH

ACKNOWLEDGEMENTS

The Claude Nicol Centre

Brighton & Hove Sexual Health & Contraception Service

BASHH

THANK YOU FOR LISTENING

QUESTIONS?

MAP REFERENCES

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