Case 1
Ellie is the current female partner of a man with Mgen urethritis. She has no symptoms. How would you manage her?
Ellie’s Mgen result is positive (CT and GC neg). She was treated empirically with azithromycin 3 days. She is recalled for TOC and is complaining of pelvic pain. On examination you suspect PID. How do you proceed?

Case 2
Annie is an ex-girlfriend of a man with Mgen urethritis (partner referral), she has noticed a change in vaginal discharge, she does not have pelvic pain. Would you test her for Mgen?
You examine her and find a mucopurulent discharge and contact bleeding at the cervix. How would you proceed?

Case 3
Kevin is a heterosexual man who presents with discharge and dysuria. He has gonorrhoea on microscopy. Would you test him for Mgen?
You send a test for Mgen and the result is positive. He is now asymptomatic following GC treatment and cultures show fully sensitive organism. Do you treat him for Mgen?

Kevin had been treated for GC with ceftriaxone 1g but returns 2 weeks later with the same symptoms. What would you do now?

GC cultures were fully sensitive to first line treatment. His CT test was negative and he denies any risk of re-infection.
Case 4
Daniel is an MSM with urethritis. He is asymptomatic at the throat and rectum. Which of the following would you do?

1. Test urine for CT/GC/MG and throat and rectum for CT/GC
2. Test all three sites for CT/GC
3. Test all three sites for CT/GC/MG
4. Test only urine and rectum for CT/GC/MG and throat for CT/GC

You opt to test only his urine sample for Mgen which is positive, would you now test the rectum and/or throat?
Daniel’s CT/GC test is negative. So far he has had doxycycline 7/7 followed by azithromycin 3/7.

Following persistent symptoms and urethritis, he was tested again for Mgen and given moxifloxacin for 10 days.

4 days after finishing moxi he has persistent symptoms. How would you proceed?

Options for Daniel

• Test for urethritis and consider CPPS
  • No urethritis
  • If urethritis positive consider:
    • Doxycycline 14 days (Minocycline)
      • whilst awaiting quinolone resistance result
      • repeat Mgen (if no quinolone resistance assay) to confirm treatment failure
    • Re-infection
    • Non-infective – CPPS – clarithromycin and alpha blocker
  • If known quinolone resistance then import pristinamycin and pre-treat with doxycycline 7 days