

Acute Urethritis in Men

Introduction

Urethritis is 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 gonorrhoea*
- **Non-gonococcal** when *Neisseria gonorrhoea* cannot be detected

Non-gonococcal Urethritis:

- ~**40%** 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. gonorrhoea* and *C. trachomatis*

Management

If discharge is profuse and purulent, or there has been known contact with gonorrhoea:

- Empiric treatment for gonorrhoea with Ceftriaxone 250mg im **PLUS** Azithromycin 1gm orally
OR Doxycycline 100mg bd po 7 days

Otherwise treat as per *Chlamydia trachomatis* guideline with:

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

Note: It is essential to check results – if *Neisseria gonorrhoea* positive, ensure appropriate treatment has been given.

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. gonorrhoea and C. trachomatis negative "Cure" is indicated by symptom resolution

Follow-up

- All patients should be followed up to give results, check compliance and ensure that sexual partners have been treated

Persistent or Recurrent Urethritis

- Check that patient has complied with treatment, that contacts have been treated and that no new sexual exposures have occurred
- Referral to a Specialist Sexual Health Service is recommended for specialist review

Referral Guidelines

Referral to a Specialist Sexual Health Service is recommended for:

- Persistent or recurrent urethritis