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Mycoplasma genitalium test

Mycoplasma is a sexually transmitted infection caused by Mycoplasma genitalium bacteria. It's similar to Chlamydia and can be spread through sexual contact, including touching or rubbing, even without vaginal or anal intercourse. Research shows that around 2% of adults have mycoplasma genitalium, but it often doesn't cause symptoms, making it possible to unknowingly have the infection. Symptoms in men include watery discharge from the penis and burning sensations during urination, while women may experience vaginal discharge, pain during sex, bleeding after sex or between periods, and pelvic pain. A nucleic acid amplification test (NAAT) can help diagnose mycoplasma genitalium. The test detects genetic material from the bacteria and typically involves providing a urine sample or having a swab taken from the vagina, cervix, or urethra. Mycoplasma genitalium can cause complications like urethritis, pelvic inflammatory disease (PID), and cervicitis. PID can lead to infertility if left untreated, while cervicitis can also cause pelvic pain and bleeding. Treating mycoplasma genitalium can be challenging due to the bacteria's resistance to common antibiotics like penicillin. Azithromycin or moxifloxacin may be prescribed initially, followed by additional testing after a month to ensure the infection is cleared. It's essential for individuals with symptoms to seek medical attention and have their partners tested as well to prevent further transmission. Mycoplasma genitalium: Understanding the Risks and Prevention To avoid infecting others or re-acquiring mycoplasma genitalium, doctors recommend testing and treatment after exposure. Even with treatment, it's possible to get infected again. Using condoms can reduce the risk of transmission but doesn't guarantee complete protection. If infected, avoiding sex for 14-21 days post-treatment helps prevent spreading the infection. Research indicates that mycoplasma genitalium spreads easily through unprotected vaginal or anal sex and the use of shared sex toys. Without treatment, the infection can cause complications like PID and fertility problems. Infection with Mycoplasma genitalium (M. genitalium) among men is currently unknown, while its association with various health issues in women has been identified. Among women, M. genitalium infection has been linked to cervicitis, Pelvic Inflammatory Disease (PID), preterm delivery, spontaneous abortion, and infertility. Studies have shown a significant increase in the risk of these outcomes among women infected with M. genitalium. Notably, many women with M. genitalium infections do not display symptoms, making it challenging to determine the consequences of asymptomatic infection. Research has found that elevated proinflammatory cytokines are present in women with M. genitalium, returning to normal levels after pathogen clearance. The bacterium is frequently detected in the cervix or endometrium of women with PID, with prevalence rates ranging from 4% to 22%. While studies suggest a causal association between M. genitalium and PID, most are cross-sectional, and prospective studies have yielded mixed results. Limited data exist on the effectiveness of treating M. genitalium cervical infections in preventing PID or endometritis. However, associations between M. genitalium and cervicitis and PID have been consistently reported using NAAT testing. Studies also suggest a potential role for M. genitalium in causing infertility, although seroassays are inconclusive. The bacterium's involvement in pregnancy complications, such as preterm delivery and spontaneous abortion, is unclear due to insufficient evidence. Mycoplasma genitalium infection has been linked to HIV in both men and women, with a higher risk of HIV infection among women. Studies have shown that individuals with M. genitalium are more likely to experience HIV shedding when not taking antiretroviral therapy (ART). Resistance to azithromycin has increased rapidly, with a high prevalence of molecular markers for macrolide resistance reported in various countries. Treatment with azithromycin alone can lead to the selection of resistant strains, and alternative treatments are recommended. In clinical practice, diagnostic testing for M. genitalium is essential, especially for individuals with recurrent urethritis or cervicitis. However, screening asymptomatic infections is not recommended due to limited technical laboratory capacity. Treatment options are limited due to the absence of a cell wall, making antibiotics targeting cell-wall biosynthesis ineffective. A two-stage therapy approach using resistance-guided treatments is often employed to address macrolide-resistant M. genitalium infections. Recommended treatment options for M. genitalium include resistance-guided therapy, which has shown cure rates of >90% and should be used whenever possible (759,963). However, this approach requires access to macrolide-resistance testing. Initial empiric therapy typically involves doxycycline, which reduces the organism load and facilitates clearance, followed by high-dose azithromycin for macrolide-sensitive infections or moxifloxacin for resistant ones. If M. genitalium is detected through FDA-cleared NAAT, treatment protocols vary depending on resistance status: for sensitive strains, doxycycline is administered for 7 days followed by azithromycin; for resistant strains, doxycycline is given for 7 days followed by moxifloxacin. In settings where resistance testing and moxifloxacin are unavailable, an alternative regimen involving doxycycline and azithromycin can be considered, although this should only be used when a test of cure is possible. Recommended PID treatment regimens often fail against M. genitalium due to high prevalence of macrolide resistance and likelihood of treatment failure. Initial empiric therapy for PID includes doxycycline, but if M. genitalium is detected, moxifloxacin has been effective in eradicating the organism. Follow-up testing for cure is not recommended for asymptomatic individuals who have received a recommended regimen. In settings where M. genitalium testing is available, persistent urethritis, cervicitis, or PID accompanied by M. genitalium detection should be treated with moxifloxacin. Recent studies suggest high concordance of M. genitalium among partners, although no study has determined whether partner treatment reduces reinfection risk. Sex partners of patients with symptomatic M. genitalium infection can be tested and treated if positive to possibly reduce the risk for reinfection. If testing is not possible, the same antimicrobial regimen that was provided to the index case can be offered to sex partners. Patients with Mycoplasma genitalium infection can receive treatment regimens similar to those without HIV. Error processing SSI file Error processing SSI file Mycoplasma genitalium, a lesser-known sexually transmitted disease, affects around one in every 100 adults and over three in every 100 gay or bisexual men. Despite its prevalence, few medical professionals screen for the disease, instead presumptively treating patients with urethritis or cervicitis who test negative for gonorrhea and chlamydia. MG is often spread through sexual touching or rubbing, and symptoms may not always be present. In women, symptoms include pain during sex, bleeding after sex, spotting between periods, and pelvic area pain. Men may experience watery discharge from the penis, burning, stinging, or pain when urinating. A proper diagnosis is essential, especially in women, as untreated MG can lead to pelvic inflammatory disease, affecting fertility. Diagnosing MG is challenging due to the lack of an FDA-approved test, but isolating it as the cause can aid in selecting appropriate antibiotics and excluding those linked to resistance. The nucleic acid amplification test is the preferred method of diagnosis, testing for MG's genetic material in urine, endometrial biopsies, and urethral, vaginal, and cervical swab samples. NAAT Testing for Chlamydia and Mycoplasma Genitalium: What You Need to Know!!! Det er minimum en uke siden du startet medikamenter, og dette har stoppet spreadelsen av smittens innflytelse. Mange blir bedre etter den første kur med antibiotika, men ikke alle. Hvis du ikke har symptom merker, behøver du ikke bestille en kontrollprøve. Men om du fortsatt får plager etter fire uker, skal du bestille en ny prøve. Mykoplasma er ikke klassifisert som en alminnelig farlig sykdom, og det betyr at du ikke har rett til gratis undersøkelser og behandlinger.