

Your patient comes in with symptoms of chlamydia.

Can you rule out *Mycoplasma genitalium*?

Yes

No

Failing to detect may lead to misdiagnoses.

An Emerging STI: Raising Awareness About *Mycoplasma genitalium*

Globally Prevalent

- ▶ Affects **up to 3%** of the general population.¹
- ▶ Detected in **1.5%-16.8% of women** in a metropolitan OB/GYN setting and in 31% of non-gonococcal urethritis cases in men.^{2,3}

Hidden by Symptomatic Ambiguity

- ▶ The majority of infected patients show no signs or symptoms.⁴
- ▶ Like a chlamydial infection, when patients are symptomatic they present with common symptoms of cervicitis and/or urethritis.⁵
- ▶ Misidentifying STIs based on common symptoms may lead to ineffective treatment regimens, persistent infections and may potentially lead to antibiotic resistance.⁶

Serious Health Consequences

⚠ Urethritis

Responsible for **30%** of persistent or recurrent urethritis cases in men.⁷

⚠ HIV

Infected patients are **2 times** more likely to acquire HIV.⁸

⚠ Cervicitis

Detected in **10-30%** of women with clinical cervicitis.⁶

⚠ PID

Identified in up to **22%** of pelvic inflammatory disease (PID) cases.⁶

Treatment Challenges and Antibiotic Resistance

Antibiotics commonly used to treat CT and NG are often ineffective against *M. genitalium*, so accurate identification is crucial.⁷

- ▶ *M. genitalium* is largely unaffected by the antibiotic **doxycycline**, commonly used in CT/NG treatment.⁶

- ▶ **Azithromycin** is more effective, but up to 50% of *M. genitalium* infections may be resistant.⁶

In light of these treatment challenges, accurate identification is key in determining the most effective treatment for each infection.

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