Your patient comes in with symptoms of chlamydia.

Can you rule out *Mycoplasma genitalium*?

☐ Yes

☐ No

☑ Failing to detect may lead to misdiagnoses.
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.²³

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.⁵

- **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.

References: