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Should we be testing for mycoplasma genitalium in general practice?

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Background & Aim: Mycoplasma genitalium (MG) was first isolated in 1981 and is considered a sexually transmitted infection (STI). MG can cause cervicitis, urethritis, pelvic inflammatory disease (PID), adverse pregnancy outcomes, and infertility. Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) are frequently tested for in Danish general practices, whereas testing for MG is much less common. The purpose of this study is to find out how often women with cervicitis are infected with MG and if testing is recommended.

Method: This study is a literature review. PubMed was searched 14.01.2016 (keyword: "Mycoplasma genitalium" AND MeSH term [uterine cervicitis]). Research was supplemented by information from a National Clinical Guideline.

Results: The prevalence of MG among young, asymptomatic, Danish women was 2.3%. According to a review from 2013 the prevalence of MG in the presence of cervicitis was approximately 10% (range 2-29%). Three cross-sectional studies (two from STI-clinics, one from a gynecologic outpatient service) found that MG-positive women have an increased risk of cervicitis. This is supported by the meta-analysis from 2015, showing MG to be associated with significantly increased risk for cervicitis (pooled OR 1.66 (95% CI: 1.35-2.04)).

Conclusion: The results indicate that MG often causes cervicitis. The wide range in the prevalence can be explained by the different populations and different definitions of cervicitis. In women with cervicitis MG is more common than NG and less common than CT. There were no studies from General Practice. It is recommended to test women with cervicitis for MG, especially young women with sexual risk behaviour and recurrent or persistent symptoms, for whom testing for CT and NG was negative.