

A case of multi-drug resistant *Mycoplasma Genitalium* and the current therapeutic challenges

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- *I am not aware of any actual or perceived conflict of interest.*

Introduction:

- A 35 year old heterosexual male presented to Melbourne Sexual Health Centre with dysuria.
- Treated empirically with doxycycline 100mg BD 7/7 for non-gonococcal urethritis.
- A first pass urine for *M. genitalium* and macrolide resistance PCR was positive.
- Despite treatment with all currently available antimicrobial options, he remained symptomatic and subsequent tests of cure were positive.

Date	Treatment	Test of cure
10/1/19	<p>Pristinamycin 100mg QID 7/7 *versus moxifloxacin due to PMH palpitations *cure rate 75% of macrolide resistant infections</p>	<p>1/2/19 – Mg detected</p>
12/2/19	<p>Minocycline 100mg BD 14/7 *lower MICs than doxycycline *4 case reports of cure</p>	<p>12/3/19 – Mg detected</p>
19/3/19	<p>Sitafloxacin + Doxycycline 100mg BD 7/7 ECG NSR, QTc within normal limits *lower MICs and higher cure rates than moxifloxacin</p>	<p>16/4/19 – Mg detected</p>
16/8/19	<p>Consideration of spectinomycin Now asymptomatic</p>	<p><i>Mg PCR negative!</i></p>

CONCLUSIONS:

- Difficulties treating this infection particularly owing to increasing rates of antimicrobial resistance and side effect profiles of currently available drugs
- Use of resistance guided therapy and maintaining a high index of suspicion for treatment failure
- The imperative to develop novel and inventive treatment strategies including combinations of existing drugs

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