

Journal Article Summary

Highlighting the clinical need for diagnosing *Mycoplasma genitalium* infection

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Key Points

- § Observational study to identify issues facing clinicians in the diagnosis and management of MG infection.
- § 32 consensus statements addressing themes around rationale for MG-testing, selection of patients, Diagnostic Strategy, Cost effectiveness, Antimicrobial Resistance/ Antimicrobial Stewardship and availability of MG- testing, were developed and circulated amongst clinicians and laboratory staff to be evaluated on their extent of agreement with the statements.
- § Respondents strongly supported MG- testing of patients with urethritis, pelvic inflammatory disease or unexplained persistent vaginal discharge or post- coital bleeding.
- § Support was divided over routine testing of Chlamydia-positive and other asymptomatic patients, however there was strong agreement over the access to specialist- led services for testing of MG (98.3%), that comply with the guidelines for MG testing in sexual health clinic settings.
- § Respondents also strongly supported (98%) the notion that antimicrobial stewardship is important and best informed by resistance testing. To that end, they also confirmed that MG should be treated specifically according to the result of any resistance testing or the knowledge of local resistance patterns.
- § The dominance of sexual health consultants among the respondents may infer bias in the study (48 out of 60 respondents), however their strong representation offers useful insight to the attitudes of relevant professionals with regards to testing for and management of MG infection.