

## P-GU-007 URETHRITIS (BURNING MICTURITION IN MALES)

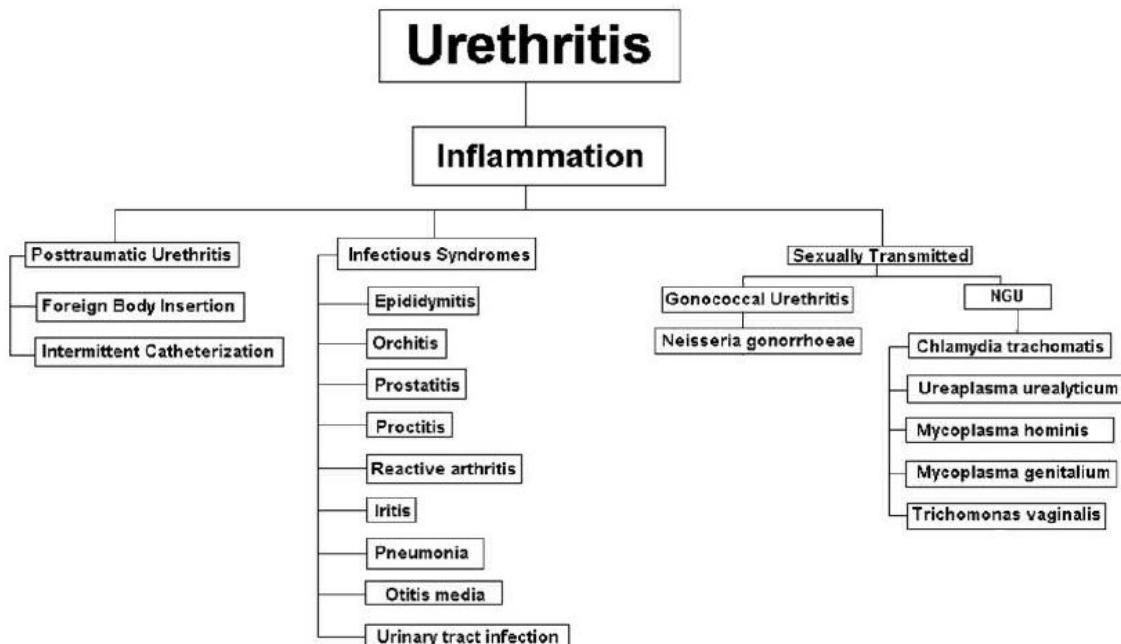
### DEFINITION & EPIDEMIOLOGY (1,2)

- Urethritis is the condition characterized by inflammation of urethra due to microbial infection, manifesting as burning sensation during micturition.
- The condition is gender specific and affects males of age group below 25 years (young adults and adolescents). Urethritis usually resolves without complication, even if untreated, yet it can result in urethral stricture, stenosis, or abscess formation in rare cases. Urethritis can occur in a continuum with concomitant seminal vesiculitis and epididymitis.
- Around 2 million cases of urethritis are reported annually worldwide. India specific data is scarce but the condition is 3<sup>rd</sup> most common reason for visit to urologist in the age group between 14 to 25 years of age.

### ETIOLOGY (3)

Etiology	Risk factors
The major pathogens causing urethral discharge are <i>N. gonorrhoeae</i> and <i>Chlamydia trachomatis</i> ( <i>C. trachomatis</i> )	<ul style="list-style-type: none"> <li>• Unprotected sexual intercourse.</li> <li>• Bisexual Males</li> <li>• Age less than 25years.</li> <li>• Multiple sexual partners</li> </ul>

### PATHOPHYSIOLOGY



### Signs & Symptoms (1–3)

Specific symptoms	Common symptoms
<ul style="list-style-type: none"> <li>• Urethral Discharge/ Burning Micturition</li> </ul>	<ul style="list-style-type: none"> <li>• Genital itching</li> <li>• Burning micturition, ↑frequency, Urgency</li> <li>• Dysuria</li> <li>• Genital complaints in sexual partners</li> </ul>

## History

### H/O Present Illness

- Onset of symptoms: when it started
- Duration : duration of illness
- Character of discharge: Ask about quantity, smell, color, and consistency
- Any genital ulcer

### Past H/o

- Previous H/o similar illness

### Personal H/o

- H/o Unprotected sexual encounter/s
- H/o Multiple sexual partners
- H/o Recent change in sexual partners
- H/o Condom breakage or other issues in its usage

## Vital Signs

- Body temperature: Possible increase in body temperature
- Heart rate: No specific changes
- Respiratory rate: No specific changes
- Blood Pressure: No specific changes

## Patient Examination(4)

Systems	Inspection	Palpation	Percussion	Auscultation	Positive sign
General examination	None	None	None	None	No specific finding
CVS	None	None	None	Routine CVS	No specific finding
RS	None	None	None	Routine RS-	No specific finding
Abdomen	None	None	None	Bowels sound	No specific finding
Musculoskeletal	None	None	None	None	No specific finding
CNS	None	None	None	None	No specific finding

## Genital Examination (4)

*"Before genital examination explain the procedure, make sure proper privacy and get a consent from patient"*

- Redness and swelling of the urethral meatus
- Presence of urethral discharge
- If urethral discharge is not seen, then gently massage the urethra from the ventral part of the penis towards the meatus and look for thick, creamy greenish-yellow or mucoid discharge

## Diagnostic Test

- Diagnosis can be done based on symptoms itself, if possible do genital examination.
- Lab investigation is additional option. If available the following can be done; it is not necessary.
  - Gram stain examination of the urethral smear to demonstrate gram- negative intracellular diplococci in case of gonorrhea.

- First urine sediment – [smear oil immersion field (1000X)] > 5 non-gonococcal urethritis

## **Diagnosis**

Urethritis

## **Differential Diagnosis**

Non STI Urinary tract infection

## **Treatment (1–4)**

### **Non-pharmacological Management**

- Advise sexual abstinence during the course of treatment
- Advise to use Condom

### **Pharmacological Management**

#### **Adults:**

#### **Antimicrobial**

- Tab. Cefixime 400mg orally, single dose **PLUS**
- Tab. Azithromycin 1 gm orally single dose under supervision **OR** Cap. Doxycycline 100mg twice a day for 7 days

Note: *Treat all sexual partners in the last 30 days with the above regimen*

When symptoms persist (discharge or only dysuria persists after 7 days) after adequate treatment in the index client and partner(s), they should be treated for Trichomonas vaginalis.

- Tab. Metrinidazole 400 mg BD for 7 days **OR**
- Tab. Secnidazole 2 gm orally, single dose

#### **Special Groups:**

**Geriatrics:** similar dose as adult

## **When to Refer**

- Non-responsive to treatment
- Recurrent cases
- Gonococcal arthritis

## **References**

1. Guidelines for the Management of Sexually Transmitted Infections. February 2004: 2. TREATMENT OF STI-ASSOCIATED SYNDROMES: 2.1. Urethral discharge [Internet]. [cited 2016 Dec 3]. Available from: <http://apps.who.int/medicinedocs/en/d/Jh2942e/3.1.html>
2. Male Urethritis: Background, Pathophysiology, Epidemiology. 2016 Sep 8 [cited 2016 Dec 3]; Available from: <http://emedicine.medscape.com/article/778374-overview>
3. Guidelines for the Management of Sexually Transmitted Infections. February 2004: 2. TREATMENT OF STI-ASSOCIATED SYNDROMES: 2.2. Genital ulcer [Internet]. [cited 2016 Nov 30]. Available from: <http://apps.who.int/medicinedocs/en/d/Jh2942e/3.2.html>
4. National AIDS Control Organisation , STI/RTI Division. National Guidelines on Prevention, Management and Control of Reproductive Tract Infections and Sexually Transmitted Infections [Internet]. Department of AIDS Control, Ministry of Health and Family Welfare Government of India; 2014 Jul. Available from: <http://www.naco.gov.in/upload/2014%20msIns/National%20RTI%20STI%20technical%20guidelines%20Sep2014.pdf>