

Testing for *Mycoplasma Genitalium* in Pelvic Inflammatory Disease: A Clinical Audit

Beesley V¹, Thng C²

¹Queensland Health Service, Gold Coast University Hospital

²Queensland Health Service, Gold Coast Sexual Health Service

Background:

The long term sequelae of pelvic inflammatory disease (PID) mean that prompt diagnosis and effective antibiotic therapy is vital. Guidelines for the management of PID recommend testing for sexually transmitted infections (STIs) including *Chlamydia Trichomonas* (CT), *Neisseria Gonorrhoeae* (NG) and *Mycoplasma Genitalium* (MG) (1).

Testing for MG in PID is important as MG is not always adequately treated with principal PID antibiotic regimens, leading to persistent infection in patients with MG associated PID (2). It is also an emerging organism of concern due to antibiotic resistance (3).

This research examines if patients diagnosed with PID are being appropriately tested for MG and to establish if patients received antibiotic therapy which would treat MG infections

Methods:

The records of patients attending Gold Coast Health Service from January 2019 to January 2020 were retrospectively analysed. Patient level data was generated from a report of all patients given a diagnosis which satisfied the spectrum of PID.

Results:

Only 11.4% of 299 patients were tested for MG despite 74.2% being tested for CT and GC. Only 9% of the patients were treated with antibiotics which would treat macrolide sensitive MG infection.

Conclusions:

A lack of awareness surrounding MG in PID remains prevalent despite its inclusion in PID management guidelines. Increasing education and awareness of MG as well as capitalising on high testing rates for CT and NG in patients with PID to include MG and utilising reflex macrolide testing for MG will help direct effective antibiotic therapy and prevent the long-term sequelae of PID.

Disclosure of Interest Statement:

None