DOES PRISTINAMYCIN OR SITAFLOXACIN DO THE TRICK?: TREATMENT OUTCOMES IN PEOPLE WITH MACROLIDE-RESISTANT MYCOPLASMA GENITALIUM WHO HAVE FAILED FIRST-LINE THERAPY

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Background:
Treatment of Mycoplasma genitalium (M. gen) is complicated by resistance to macrolides and fluroquinolones.

In the absence of fluroquinolone resistance assays a significant minority of clients fail first-line sequential treatment with doxycycline and moxifloxacin. Guidelines recommend sequential doxycycline and pristinamycin or sitafloxacin as second line. This treatment achieved 75% cure (95% CI 66%–82%).

We looked at treatment outcomes of second-line therapy of M. gen in a sexual health clinic in Sydney, which receives community referrals, and where testing was indicated for clients with STI syndromes and sexual contacts.

Methods:
A retrospective case series analysed pristinamycin and sitafloxacin use for macrolide-resistant M. gen between May 2017 and May 2021. The data was analysed using descriptive statistics and Fisher's exact test.

Results:
101 clients were treated in the study period: 25 (25%) were excluded due to lack of documented test of cure (TOC); 32 (31%) did not have moxifloxacin first line; and 6 (6%) for other reasons. Overall, treatment outcomes of 38 clients were analysed, 31 (82%) were given pristinamycin and 7 (18%), sitafloxacin. The sample included 9 (24%) cis females, 1 (3%) trans female, and 28 (74%) cis males, 17 (45%) of whom reported MSM. The overall cure rate was 61%. There was no statistical significance found between drug choice and outcome, however, there was significance between treatment outcome and each being cis male (p=0.0302), urethral site of infection (p=0.0132), or symptoms at TOC (p=0.023).

Conclusion:
The results show a reduced rate of cure compared to other studies. Demographic differences in the cohort may account for some of this variability due to small sample size. Gender, site of infection, and symptoms may guide clinicians when counselling clients on therapeutic effectiveness when they present for second-line M. gen treatment. Larger, prospective multi-centre studies are required.

Disclosure of Interest Statement:
None