

Urethritis



Case Definition

Male urethritis is an inflammation of the urethra with a serous, mucoid, mucopurulent or purulent urethral discharge, and/or the presence of five or more polymorphonuclear leukocytes (PMNLs) on a microscopic examination of urethral secretions.

Reporting Requirements

- Urethritis is not reportable in Manitoba (see protocols for Gonorrhoea and Chlamydial Infection).

Clinical Presentation/Natural History

The common clinical presentations are urethral discharge, burning on urination and irritation in the distal urethra or meatus.

Etiology

The most frequent causes of male urethritis are infections with *Chlamydia trachomatis* or *Neisseria gonorrhoeae*.

Other possible causes include *Ureaplasma urealyticum* and *Trichomonas vaginalis*.

Control

Management of Cases:

- Obtain endourethral swabs for *N. gonorrhoeae* and *C. trachomatis* (see sections on *N. gonorrhoeae* and *C. trachomatis* for testing options). If urine testing by DNA amplification techniques (PCR or LCR) is available, the need for obtaining a urethral swab can be avoided.
- Gram staining of urethral exudate is no longer recommended for triaging urethritis cases.
- Presumptive initial treatment for both gonorrhoea and chlamydial infection is recommended, before the results of diagnostic tests have returned.
- A course of metronidazole for trichomoniasis may be indicated for refractory cases.

Management of Contacts:

- Contact tracing is indicated only for contacts of laboratory-confirmed cases of gonorrhoea and chlamydial infection. Additional STD/HIV testing may be clinically indicated for cases or contacts. The management of cases of gonorrhoea and chlamydial infection and of their contacts, as well as other relevant information, is contained in the protocols for those diseases.