

## NEUROLOGY & FEMALE UROLOGY

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### **Prevalence of *Ureaplasma urealyticum* and *Mycoplasma hominis* in women with chronic urinary symptoms**

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**Objectives:** To assess the prevalence of *Ureaplasma urealyticum* and *Mycoplasma hominis* in women experiencing chronic urinary symptoms.

**Methods:** Urine, vaginal, and urethral samples obtained from 153 women presenting with chronic voiding symptoms were tested for the presence of pathogens including *U. urealyticum* and *M. hominis*. Patients with positive cultures for *Mycoplasma* were treated with a single dose of 1 g azithromycin and followed up 1 month after therapy. Patients with persistent infection received 100 mg doxycycline orally, twice daily for 7 days, according to the results of the susceptibility test. The patients were asked to rate the severity of their symptoms at their initial visit and after treatment.

**Results:** *U. urealyticum* was detected from  $>$  or  $=$  1 site in 81 women (52.9%), and *M. hominis* was detected in 5 patients (3.3%), always in association with *U. urealyticum*. At follow-up, 77 patients (95.1%) initially positive for *Mycoplasma* had negative cultures; the cultures of 4 (4.9%) remained positive for *U. urealyticum* and became negative after the second therapeutic regimen. A significant improvement in all symptoms was observed in women with positive cultures for *Mycoplasma* after therapy.

**Conclusions:** A high prevalence of *U. urealyticum* was observed in women with unexplained chronic voiding symptoms. Testing for the presence of *U. urealyticum* and *M. hominis* in the urogenital tract could prove valuable for the management of a significant percentage of chronic urinary symptoms in women through appropriate treatment.

### **Editorial Comment**

The authors present an excellent paper associating the presence of urinary tract infection with urinary symptoms. They denoted that with the appropriate diagnosis and therapy urinary symptoms would resolve. The authors noted that the presence of organisms usually associated with vaginal colonization in the urinary tract may represent an infection causing the urinary symptoms and that appropriate therapy of same with susceptibility testing would resolve these symptoms. This dogmatic approach to therapy helps reaffirm the need for appropriate and diligent clinical diagnosis and therapy in this patient population. It further bolsters the empirical approach previously described by Burkhard et al. (1). Both discuss the consideration for treatment of the sexual partner. It is hoped that future resistance patterns will not lessen the effectiveness of doxycycline, the antibiotic both reports found to be efficacious with this patient diagnosis.

### **Reference**

1. Burkhard FC, Blick N, Hochreiter WW, Studer UE: Urinary urgency and frequency, and chronic urethral and/or pelvic pain in females. Can doxycycline help? *J Urol.* 2004; 172: 232-5

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