Treatment of men with non-specific urethritis according to BV status of their sexual partners

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Introduction

Appropriate treatment protocol in non-specific urethritis (NSU) is still an area of active research, and vaginal microbiota is supposed to play an etiological role in its development.

Objective

The goal of the study was to evaluate treatment efficacy of NSU in men based on the presence or absence of BV in their female sexual partners.

Patients and Methods

94 heterosexual men and 98 their sexual partners after STIs (*N.gonorrhoeae*, *C.trachomatis*, *M.genitalium*, *T.vaginalis*, and *HSV1,2*) were excluded and divided into 2 groups: Group 1 with laboratory confirmed urethritis (≥ 5 PMNLs per hpf (x1000) in Gram stained urethral smears, n=63) and Group 2 - males without urethritis (n=31). Diagnosis of BV in females was based on Amsel criteria and multiplex RT-PCR. When female partners of males with urethritis were BV-positive, NSU in men was treated either with nifuratel (400 mg twice daily for 7 days), or with clindamycin (300 mg 2 times daily for 7 days). Men with urethritis, whose female partners were BV-negative (n=41), were treated with doxycycline (100 mg twice daily for 7 days).

Conclusions

When NSU in men was associated with positive BV status of their female sexual partners, treatment with antibiotics active in BV demonstrated a high rate of clinical cure.

Results

BV was diagnosed in 22 (35%) female partners of males from Group 1, and in only 3 (9%) from Group 2.

Men with urethritis were treated with nifuratel (n=8), clindamycin (n=13), or doxycycline (n=41). Only 1 man did not return for the test of cure. Clinical cure was achieved in 7 (87.5%), 11 (84.6%) and 34 (82.9%) males after nifuratel, clindamycin and doxycycline, respectively.