MALE URETHRITIS

WHAT IS IT?
Urethritis refers to inflammation of the urethra, the tube that passes urine from the bladder to the outside of the body. Urethritis is commonly seen in young sexually active men because the urethra is often affected by sexually transmitted infections (STIs). Risk factors for infection include unprotected vaginal, anal, or oral sex (especially with a new or casual partner).

WHAT CAUSES IT?
- STIs are the leading causes of urethritis in young sexually active men:
  - Chlamydia and gonorrhea are the most common pathogens.
  - Mycoplasma genitalium is a newly discovered cause of urethritis that behaves similarly to chlamydia.
  - Trichomoniasis and herpes are less common causes.
- Noninfectious causes of urethritis also exist, but infectious causes must be ruled out first.

WHAT ARE THE SYMPTOMS?
Typical symptoms of urethritis include pain with urination, penile itching or tingling, and/or discharge from the penis.
- Penile discharge may occur throughout the day or may only be noticed first thing in the morning.
- The type of discharge present can offer clues about the cause of infection, but symptoms will vary from person to person. Laboratory testing can specifically identify the causative organism, but not in all cases.
  - Gonorrhea typically causes a thick creamy discharge, which tends to persist and may even stain underclothing.
  - A clear or white mucus-like discharge that decreases over several days may be due to chlamydia.
  - A clear watery discharge accompanied by painful sores or blisters is typical of a herpes infection.

WHAT ARE OTHER CAUSES OF PAINFUL URINATION?
Urethritis is not the only cause of painful urination in men:
- Infections of the testes, bladder, and prostate may cause similar symptoms.
- A yeast infection from Candida can also cause discomfort with urination but is not a true urethritis. This type of infection is usually due to the spread of yeast from the man’s own skin, not through sexual contact.

HOW IS IT DIAGNOSED?
The medical evaluation begins with a careful history, including STI exposure risks, and an exam of the penis and testicles. The prostate may also be examined in some cases.
- Laboratory tests may include:
  - Urine samples to test for gonorrhea and chlamydia. These tests are only reliable if the patient has not urinated for at least one hour prior to giving the sample. Sometimes, a sample of discharge is taken from the urethra instead.
  - A herpes swab may be sent for culture if ulcerations are present.
  - A urine culture may be obtained in some cases to rule out a urinary tract infection.
  - Testing for other STIs, like HIV and syphilis, is commonly recommended.
WHAT IS THE TREATMENT?
Treatment depends on the specific cause of infection:
- Chlamydia and gonorrhea are bacterial infections that can be treated and cured with antibiotics.
- Trichomoniasis is a protozoal infection that is treated with antibiotics.
- Genital herpes is a viral infection that can be managed with antiviral medications but never completely eliminated. Treatment can reduce symptoms, the frequency of outbreaks, and the risk of transmission to others.

If all infections have been ruled out, it is reasonable to consider the following treatment measures:
- Use fragrance-free soaps, lubricants, and other products.
- Increase water intake and avoid carbonated beverages.
- Avoid spermicide use.
- Decrease penile trauma through less frequent or less vigorous masturbation or intercourse.

DO MY PARTNERS NEED TREATMENT?
- If an STI is the cause of your symptoms, it is very important that your sexual partner(s) receive treatment, even if he or she does not have symptoms!
- Refrain from sexual contact for at least 7 days after you and your partner(s) have completed treatment. Otherwise, you are at high risk of re-infecting each other.

WHAT ARE POSSIBLE COMPLICATIONS?
If treatment is delayed or if the treatment plan is not followed, complications may include:
- Epididymitis. The epididymis is a coiled structure located on the back of the testis that stores and transports sperm. Infection of the epididymis can cause painful ejaculation and may lead to problems with fertility.
- Stricture (narrowing) of the urethra. Untreated infections can lead to scarring that causes permanent narrowing of the urethra. This can interfere with the ability to empty the bladder, cause pain with ejaculation or urination, and increase risks for bladder and kidney infections.
- Reactive Arthritis (formerly Reiter’s Syndrome). This condition occurs in about 1% of patients following a chlamydial infection. Symptoms include inflammation of the joints (arthritis), eyes (conjunctivitis), and skin.

Sexual partners of infected patients are also at risk for complications.
- Having urethritis increases the risk of transmission of other STIs to partners, particularly HIV.
- Female partners who become infected and are not treated are at risk of developing pelvic inflammatory disease (PID).

HOW CAN URETHRITIS BE PREVENTED?
Because most causes of urethritis are sexually transmitted, practicing safe sex is key:
- Use latex barriers (eg, condoms) consistently. Using barriers from the beginning to the end of skin contact offers the best protection. Substitute a polyurethane condom if you or your partner is sensitive to latex.
- Know your partner. Avoid casual sex. Share information about each other’s sexual history before becoming intimate. To be safe, agree to use condoms no matter what.
- Limit your number of partners. Your risk of getting an STI increases as your number of partners increases.
- Get regular STI screening. If you are sexually active and have no symptoms, STI screening should be completed at least once a year. However, if you have any concerning symptoms or think you have been exposed to an STI, it is important to seek medical evaluation as soon as possible.

RECOMMENDED WEBSITES: www.cdc.gov, familydoctor.org