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Nongonococcal Urethritis

The two previous issues of the Bulletin presented current CDC recommendations for the treatment of gonococcal disease. This issue briefly reviews another common sexually transmitted disease - nongonococcal urethritis (NGU). NGU is defined as urethral inflammation not caused by *Neisseria gonorrhoeae*. The Center for Disease Control currently estimates that NGU occurs at least as frequently as gonorrhea, and accounts for more than half of the urethritis cases in sexually active males attending venereal disease clinics in the U.S. Several organisms have been incriminated as causing NGU but *Chlamydia trachomatis* is a well documented etiology. There is convincing evidence that *C. trachomatis* is the cause of 30-50% of NGU.

Management of NGU requires diagnosing urethritis, excluding *Neisseria gonorrhoeae* as the cause, choosing an appropriate therapy, treating sexual contacts, and following-up the patient. When the patient is symptomatic; i.e., has dysuria, and has a spontaneous and readily expressible discharge, and the exudate contains many polymorphonuclear leukocytes but no gram-negative diplococci, the diagnosis of NGU is easy. In the absence of urethral discharge, the most important point in the diagnosis of NGU is that there should be objective evidence of increased polymorphonuclear leukocytes in the clean-catch urine sample. Thus in most men gonorrhea can be differentiated from NGU at the initial visit by history, gram-stain of any exudate, and culture. Routine culture of NGU patients will reveal no pathogens and gram-stains will lack gram-negative diplococci. There need not be delay in therapy since tetracycline 500 mg four times daily for seven (7) days is effective treatment for gonorrhea and NGU. In the pregnant female or others who cannot take tetracycline, erythromycin 500 mg four times daily for fourteen (14) days is the recommended treatment for NGU.

As part of the management of NGU, patients should be encouraged to refer sex partners for evaluation. *C. trachomatis* is a cause of cervicitis and pelvic inflammatory disease in women, and can be transmitted to newborns to produce conjunctivitis and/or pneumonia. Infected women constitute a major undiagnosed and untreated reservoir of *C. trachomatis* infection in the United States. Once the patient and his partner are treated, follow-up to ensure eradication of the disease is required.

#### REFERENCES

- Bowie, W.R.: Etiology and Treatment of Nongonococcal Urethritis. Sexually Transmitted Disease, P. 27-33, Jan - Mar, 1978
- King, A.: Nonspecific Urethritis. Medical Clinic of North America, 46:1193-1202, 1972 Nongonococcal urethritis. Sexually Transmitted Disease Newsletter, Bureau of Venereal Disease Control, New York, Vol. 1: No. 3, March, 1978