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Editorial

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Concerning male urethritis and associated diseases, the 2017 Clinical Management of Infectious Disease Guidelines

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In the broadest sense, sexually transmitted infections (STIs) are infectious diseases spread by sexual activity. In males, urethritis is common, while in females, cervicitis is common. STIs also include diseases including genital herpes, syphilis, condyloma acuminatum, and phthiriasis pubis, which cause skin lesions around the genitalia. Owing to the increased variety of sexual activities, including oral sex, causative agents of STIs have recently been identified in extragenital areas such as the rectum, pharynx, and conjunctiva, and can sometimes cause symptoms. Neisseria gonorrhoeae and Chlamydia trachomatis are the most common causes of urethritis and cervicitis, and the names gonococcal urethritis and cervicitis and chlamydial urethritis and cervicitis have been used to define these disorders. It has only recently been recognised that urethritis and cervicitis may be caused by microorganisms other than N. gonorrhoeae and C. trachomatis.

Non-chlamydial non-gonococcal urethritis has become common in males for conditions in which neither gonococcus nor chlamydia are found. Mycoplasma genitalium, for example, has been shown to be pathogenic. Many patients with male urethritis have serious symptoms, and treatment is always started at the first visit. Furthermore, the proportion of gonococcal strains resistant to a variety of antibiotics is rising. As a result, recommendations are needed that can prescribe drugs that are likely to cure these diseases. The JAID/JSC Guide to Clinical Management of Infectious Disease 2011 was published in 2012 by the Japanese Association for Infectious Disease (JAID) and the Japanese Society of Chemotherapy (JSC). These guides outlined the treatments for STIs. However, showing recommendation grades and the standard of evidence in the literature for all such treatments in the guides is difficult. This guideline for the diagnosis and treatment of male urethritis, which is the most common male STI and needs early treatment, is provided here with comments. The Japanese Society for Sexually Transmitted Infections (JSSTI) has issued guidelines for the diagnosis and treatment of STIs , and this text has been written to be as consistent as possible with the JSSTI guidelines. It should be noted, however, that there are some gaps in matters such as drug selection in relation to the newly explained products.

Urethritis is a condition that causes discomfort when urinating and urethral discharge. Depending on the causative microorganism, it is known as gonococcal or non-gonococcal (I, A). Chlamydial urethritis is non-gonococcal urethritis with chlamydia, and non-chlamydial non-gonococcal urethritis is non-chlamydial non-gonococcal urethritis with neither gonococcus nor chlamydia. If microscopy for gonococci is not practical, first-catch urine is used to analyse nucleic acid amplification tests (NAATs). Both N. gonorrhoeae and C. trachomatis should be examined (I, B). The sections on gonococcal and chlamydial urethritis detail the diagnosis and treatment options based on the causative microorganisms. Furthermore, non-chlamydial non-gonococcal urethritis is described as urethritis in which neither N. gonorrhoeae nor C. trachomatis is detected. Sexual contacts without the use of a condom should be avoided during therapy, and both parties should be tested and treated at the same time (I, A). The most important aspect of treating male urethritis is to eliminate the causative microorganism. However, many urethritis patients have poor drug compliance, such as stopping care when symptoms improve, not taking medications as prescribed, and failing to return to the clinic for re-examination.

proteins, many of which have protease activity that enables one complement protein to activate another in a sequential cascade. Three different pathways can trigger this process. An adaptive immune response triggered by interactions between complement protein C1q and antibodies bound to antigens is the classical pathway (IgM, IgG1, and IgG3 have the greatest activity). As an innate reaction triggered by natural IgM or

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