

## UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

**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. Risk factors include unprotected vaginal, anal, or oral sex (especially with a new or casual partner).

**WHAT CAUSES IT?**

Sexually transmitted infections (STIs) are the leading causes of urethritis in young sexually active men:

- Chlamydia and gonorrhea are the most common pathogens, both of which are bacterial.
- Mycoplasma genitalium is a bacterial organism that has recently been recognized as an important cause of urethritis. It behaves similarly to chlamydia.
- Trichomoniasis, herpes, and syphilis are less common causes of urethritis.

Noninfectious causes of urethritis also exist, but infectious causes should be ruled out first.

**WHAT ARE THE SYMPTOMS?**

The most common symptom is pain or burning with urination. Other symptoms may include discharge, itching, soreness, or redness at the tip of the penis. Many patients have no symptoms at all.

If penile discharge is present, it may occur throughout the day or only be noticed first thing in the morning. The type of discharge can offer clues about the cause of infection, but symptoms will vary from person to person. Lab tests are required to specifically identify the infectious cause:

- Gonorrhea typically causes a thick pustular 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. Chlamydia commonly presents as painful urination without penile discharge.
- 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 risk factors, and an examination of the penis and testicles. In some cases, the prostate will also be examined.

Laboratory tests will be ordered to identify the specific cause of infection. Common tests include the following:

- Urine samples are typically collected for gonorrhea and chlamydia testing. However, results 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 urinalysis (with or without a urine culture) may be obtained in some cases to rule out a urinary tract infection.
- A herpes swab may be sent for culture if ulcerations are present.
- Testing for other STIs, like syphilis and HIV, is strongly recommended.
- Unfortunately, testing for mycoplasma is not universally available. Diagnosis is often presumptive if other tests are negative and symptoms respond to antibiotic treatment.

## **WHAT IS THE TREATMENT?**

Treatment depends on the specific cause of infection:

- Chlamydia, gonorrhea, mycoplasma, and syphilis are bacterial infections that can be treated and cured with antibiotics.
- Trichomoniasis is a protozoal infection that is curable 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 all recent sexual partner(s) (within the last 60 days) receive treatment, even if he or she does not have symptoms.
- Refrain from sexual contact for 7-10 days after you and your partner(s) have completed treatment. Otherwise, you are likely to re-infect 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 swelling of the testicle. Untreated infections can 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 the risk for urinary tract infections.
- Reactive Arthritis (formerly Reiter's Syndrome). This condition occurs in about 1% of patients following a chlamydial infection. Symptoms include inflammation of the urethra (urethritis), 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), which can lead to fertility problems.

## **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 causal 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](http://www.cdc.gov), [familydoctor.org](http://familydoctor.org)