PULSUS
WWW.PULSUSCONFERENCE.COM

Carol Paez-Canro et al., J HIV Retrovirus 2018, Volume 4
DOI: 10.21767/2471-9676-C2-006

2nd International Conference on
SEXUALLY TRANSMITTED DISEASES
December 03-04, 2018 Toronto, Canada

Antibiotics for treating urogenital *Chlamydia trachomatis* infection in men and non-pregnant women

Carol Paez-Canro[1], Jorge Andres Rubio-Romero[1], Hernando G Gaitan[1], Juan Pablo Alzate[2], Lina M Gonzalez[2] and Anne Lethaby[3]

[1]Universidad Nacional de Colombia, Colombia
[2]Fundacion Universitaria de Ciencias de la Salud, Colombia
[3]University of Auckland, New Zealand

Background & Aim: The genital infection caused by *Chlamydia trachomatis* (CT) is one of the most common Sexually Transmitted Diseases (STDs) globally. Different antibiotics regimens are recommended in Clinical Practice Guidelines (CPG) for CT urogenital infections. The study aims to assess the efficacy and safety of antibiotic treatment for *Chlamydia trachomatis* genital infection in men and non-pregnant women.

Method: We developed the electronic searches in (CENTRAL, MEDLINE, Embase and LILACS) and two trials registers. Selection criteria, we included randomized controlled trials of sexually-active non-pregnant women and men with genital CT infection. We estimated the pooled risk ratio.

Result: Our primary outcomes were microbiological failure and adverse events. We selected 14 studies. For Azithromycin vs. Doxycycline in women treated for CT, the effect on microbiological failure was uncertain (RR=1.71, 95%, CI 0.48 to 6.16). In men treated for CT, the risk of microbiological failure was probably higher with Azithromycin compared to Doxycycline (RR 2.45, 95% CI, 1.36 to 4.41). We found that Azithromycin probably has less adverse events in both genders compared to Doxycycline (RR 0.83, 95% CI, 0.73 to 0.95; I2=0%). For tetracyclines vs. Quinolones, the effect of Doxycycline compared to Ofloxacin on microbiological failure in women was not estimable and the effect of Doxycycline vs. Ofloxacin also in women on clinical failure was uncertain (RR 0.94, 95% CI 0.39 to 2.25). For men treated for CT the effect of Doxycycline compared to Ofloxacin at the same doses on microbiological failure was uncertain (RR 8.53, 95% CI 0.43 to 167.3).

Conclusion: Regimens with Azithromycin 1 gram single oral dose has probably less efficacy than doxycycline 100 mg twice a day for seven days in men in terms of microbiological failure. However, in men there might be little or no differences in terms of clinical failure.

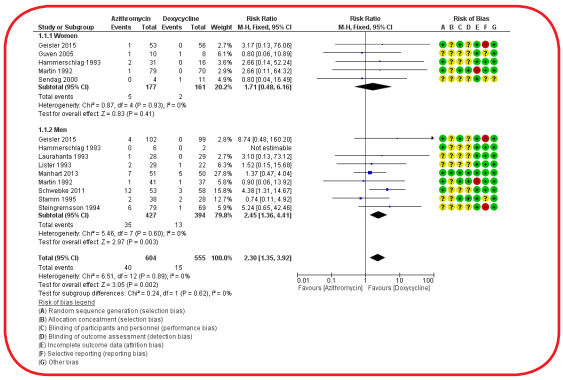

Figure 1. Forest plot of comparison 1. Macrolides. Regimens with azithromycin: azithromycin 1 g-only dose vs doxycycline 100 mg twice a day for 7 days, outcome: 1.1 microbiological failure.

Biography

Juan Pablo Alzate is a Medical Doctor graduated from the National University of Colombia. He has completed his Master's degree in Clinical Epidemiology from the National University of Colombia. He is currently an Assistant Instructor in the Research Division .

jpalzategr@fucsalud.edu.com