



Problem uretritisa kod muškaraca u svakodnevnoj kliničkoj praksi

The Problem of Urethritis in Men in Daily Clinical Practice

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Apstrakt

Urethritis predstavlja klinički sindrom koji karakteriše pojava mukopurulentnog ili purulentnog iscedka iz uretralnog kanala, usled povećanog broja polimorfonuklearnih leukocita u prednjem delu uretre, a koji može biti praćen dizuričnim tegobama. Prema toku oboljenje može biti akutno ili perzistentno, a deli se na dve grupe: na gonoroični urethritis koji izaziva *Neisseria gonorrhoeae* i na negonoroični urethritis koji je najčešće izazvan polno prenosivim patogenima (*Chlamydia trachomatis*, *Ureaplasma urealyticum*, *Mycoplasma hominis*, *Mycoplasma genitalium*, *Trichomonas vaginalis*, *Herpes simplex virus*) ili, pak, urinarnom infekcijom, adenovirusima i neinfektivnim faktorima (iritacija od sredstava za intimnu negu, povrede tokom seksualnog odnosa ili jatrogene traume). Esencijalni uretritisi nastaju usled direktnog delovanja štetnog agensa na sluzokožu uretre, dok su simptomatski uretritisi oni kod kojih je inflamacija i sekrecija iz uretre samo jedan od znakova nekog drugog oboljenja. Gonoroični urethritis se javlja nakon prosečne inkubacije od 3 do 7 dana i praćen je pojavom obilnog iscedka žućkastozelenkaste boje kome prethodi osećaj žarenja pri mokrenju, a nekad mogu biti prisutne i bolne erekcije. Ako se ne leči posle dve nedelje može da nastupi upala zadnjeg dela uretre sa učestalim nagonom za mokrenjem, bolom u anorektalnom području i prisustvom krvi na kraju mokrenja. Hlamidijaza je često asimptomatska, a ako su tegobe prisutne, javljaju se u vidu svraba i peckanja u mokraćnom kanalu i pojave mukopurulentnog iscedka beličaste boje. Nelečena infekcija može dovesti do epididimitisa, orhitisa, prostatitisa i infertiliteta. Trihomonijaza kod muškaraca je najčešće asimptomatska, a ukoliko postoje simptomi ili znaci infekcije, to su obično dizurične tegobe i prolazni penušavi iscedak iz uretre, a vlaženje i blag svrab na meatusu uretre mogu biti prisutni u jutarnjim satima. U dijagnostici uretritisa najveću osetljivost (preko 95%) imaju savremeni testovi bazirani na amplifikaciji nukleinskih kiselina, a materijal za laboratorijsku analizu se uzima iz uretralnog brisa, ejakulata ili urina. Antibiotička terapija i mere prevencije (edukacija, bezbedne seksualne prakse) su osnova u borbi protiv bakterijskih uretritisa, ali sve učestalija antimikrobna rezistencija za posledicu ima neuspešni terapijski ishod i posledica po reproduktivno zdravlje. Cilj ovog predavanja je da detaljnije upoznamo učesnike sa klasifikacijom, etiologijom, simptomima i kliničkom slikom uretritisa kod muškaraca, savremenom dijagnostikom, terapijom i komplikacijama uretritisa.

Abstract

Urethritis is a clinical syndrome characterized by the appearance of mucopurulent or purulent discharge from the urethral canal due to an increased number of polymorphonuclear leukocytes in the anterior part of the urethra, which may be accompanied by discomfort during the urination. According to the course, the disease can be acute or persistent, and it is divided into two groups: gonorrheal urethritis caused by *Neisseria gonorrhoeae* and non-gonorrhoeal urethritis, which is most often caused by sexually transmitted pathogens (*Chlamydia trachomatis*, *Ureaplasma urealyticum*, *Mycoplasma hominis*, *Mycoplasma genitalium*, *Trichomonas vaginalis*, *Herpes simplex virus*) or urinary infection, adenoviruses and non-infectious factors (irritation from intimate care products, injuries during sexual intercourse or iatrogenic trauma). Essential urethritis is caused by the direct action of a harmful agent on the mucous membrane of the urethra, while symptomatic urethritis is one in which inflammation and secretion from the urethra is only one of signs of another disease. Gonorrheal urethritis occurs after an average incubation period of 3 to 7 days and is followed by the appearance of abundant discharge of a yellowish-green color, which is preceded by a burning sensation during urination, and sometimes painful erections may also be present. If it is not treated after two weeks, inflammation of the back part of the urethra can occur with a frequent urge to urinate, pain in the anorectal area, and the presence of blood at the end of urination. *Chlamydia* is often asymptomatic, and if symptoms are present, they appear in the form of itching and burning in the urinary canal and the appearance of whitish mucopurulent discharge. Untreated infection can lead to epididymitis, orchitis, prostatitis, and infertility. *Trichomoniasis* in men is usually asymptomatic, and if there are symptoms or signs of infection, they are usually discomfort and transient foamy discharge from the urethra, and wetting and mild itching at the urethral meatus can be present in the morning hours. In the diagnosis of urethritis, modern tests based on nucleic acid amplification have the highest sensitivity (over 95%), and the material for laboratory analysis is taken from urethral smear, ejaculate, or urine. Antibiotic therapy and prevention measures (education, safe sexual practices) are the basis of the fight against bacterial urethritis, but increasingly frequent antimicrobial resistance results in an unsuccessful therapeutic outcome and consequences for reproductive health. The aim of this lecture is to familiarize the participants with the classification, etiology, symptoms, and clinical picture of urethritis in men, modern diagnostics, therapy, and complications of urethritis.

