

Not Just the Flu...

It seems like a Singapore right of passage is to come down with dreaded mycoplasma at least once. Here Dr Kim Hayes explains what exactly mycoplasma is and how to avoid getting it.

WHAT IS MYCOPLASMA

Mycoplasma is a genus of bacteria that lack a cell wall. There are several species, including *M. pneumoniae*, which is an important cause of atypical pneumonia and other respiratory disorders, and *M. genitalium*, which is believed to be involved in pelvic inflammatory diseases.

Mycoplasma is a slow-growing, stealth-type organism. Once inside the body, it can initially activate the immune system, and then successfully hide inside cells. It can then circulate throughout the body while inside a white blood cell and go wherever a white blood cell can go. Once it reaches a distant site, it can emerge from the white blood cell and invade another type of cell.

TRANSMISSION

The bacteria is transmitted from person-to-person during coughing and sneezing. There is an incubation period of about one–four weeks, which means it may take up to four weeks after exposure for symptoms to show. However, over this time period, symptoms may slowly begin to appear. All ages may be affected and it is the leading cause of pneumonia in school-age children and young adults.

Spread of infection throughout households is common, although person-to-person transmission is slower than for many other common viral or bacterial respiratory tract infections; close contact appears necessary.

CLINICAL FEATURES

Symptoms include generalized aches and pains, fever (around 102°F), a cough that is usually non-productive, sore throat, headache, muscle aches, chills, nasal congestion with runny nose, earache and general malaise. Often they are very similar to symptoms found in the common cold or influenza. Rashes, nausea, vomiting and diarrhoea can be quite common.

LABORATORY ANALYSIS

For diagnosis, the most widely used test is a blood test that detects the levels of antibodies against mycoplasma. The test available at the laboratories in Singapore detects levels of total antibodies, which may include antibodies from a previous infection. This test is not useful if done within the first week of symptoms so your doctor will usually consider ordering the blood test only after the first week of symptoms. Sometimes the first test shows only a mildly raised level of the antibodies, making the diagnosis uncertain at that stage. Ideally the diagnosis is confirmed with two tests obtained two–four weeks apart, showing increasing levels of the antibodies.

TREATMENT

The majority of cases have cold-like symptoms and behave like most colds i.e. they are minor, usually recovering fully in 10–14 days. When symptoms are prolonged or more severe, doctors will recommend treatment with antibiotics. Mycoplasma species are slow-growing organisms that have the capacity to reside inside cells; thus, respiratory tract infections are expected to respond better to longer treatment courses than might be offered for other types of infections. Because they lack a cell wall, they are unaffected by some antibiotics such as penicillin or other beta-lactam antibiotics. Appropriate antibiotics are from the macrolide

(e.g. erythromycin and clarithromycin) and tetracycline (e.g. doxycycline) groups and the usual duration of therapy is a 14- to 21-day course. A five-day course of oral azithromycin is also appropriate. It is not certain how long an infected person remains contagious, but it is probably less than 20 days.

HOW TO STOP THE SPREAD OF MYCOPLASMA

- Cover the mouth when coughing or sneezing.
- Use tissues when coughing, sneezing, and wiping or blowing the nose and throw them away.
- Wash hands after coughing, sneezing and blowing the nose.
- Avoid crowded living and sleeping quarters whenever possible.



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