

Letters to the Editor

Doxycycline Preferred for the Treatment of Chlamydia

To the Editor: I appreciated the excellent review of chlamydia and gonorrhea infections provided by Dr. Yonke and colleagues.¹ Doxycycline is now the preferred treatment for chlamydia, with azithromycin as an alternative.² The authors are correct that this change was partially based on increasing rates of macrolide resistance. However, it is important that family physicians know that there are additional reasons for the recommendation change, which can help them adequately counsel patients and ensure appropriate follow-up.

Doxycycline is a more effective treatment for rectal chlamydia than azithromycin. In a study of rectal chlamydia in men who have sex with men, 100% of patients treated with doxycycline achieved microbiologic cure vs. 74% of those treated with azithromycin.³ In another study, 95.5% of women with rectal chlamydia treated with doxycycline achieved a microbiologic cure, compared with 78.5% of women treated with azithromycin.⁴ This difference is significant because many women with urogenital chlamydia may have a concurrent rectal infection. One recent review found that 33% to 83% of women with urogenital chlamydia also had a rectal infection, regardless of reported receptive anal intercourse.⁵ Patients may receive insufficient treatment for chlamydia if treated with azithromycin alone.

Editor's Note: This letter was sent to the authors of "Chlamydial and Gonococcal Infections: Screening, Diagnosis, and Treatment," who declined to reply.

Cara McAnaney, MD, AAHIVS

Pittsburgh, Pa.
Email: mcananeycr@upmc.edu

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References

1. Yonke N, Aragón M, Phillips JK. Chlamydial and gonococcal infections: screening, diagnosis, and treatment. *Am Fam Physician*. 2022; 105(4):388-396.

Email letter submissions to afplet@aaafp.org. Letters should be fewer than 400 words and limited to six references, one table or figure, and three authors. Letters submitted for publication in *AFP* must not be submitted to any other publication. Letters may be edited to meet style and space requirements.

This series is coordinated by Kenny Lin, MD, MPH, deputy editor.

2. Centers for Disease Control and Prevention. Sexually transmitted infections treatment guidelines, 2021. Chlamydial infections. July 22, 2021. October 18, 2022. <https://www.cdc.gov/std/treatment-guidelines/chlamydia.htm>
3. Dombrowski JC, Wierzbicki MR, Newman LM, et al. Doxycycline versus azithromycin for the treatment of rectal chlamydia in men who have sex with men: a randomized controlled trial. *Clin Infect Dis*. 2021; 73(5):824-831.
4. Dukers-Muijers NH, Wolffs PFG, De Vries H, et al. Treatment effectiveness of azithromycin and doxycycline in uncomplicated rectal and vaginal *Chlamydia trachomatis* infections in women: a multicenter observational study (FemCure). *Clin Infect Dis*. 2019;69(11):1946-1954.
5. Dukers-Muijers NH, Schachter J, van Lier GA, et al. What is needed to guide testing for anorectal and pharyngeal *Chlamydia trachomatis* and *Neisseria gonorrhoeae* in women and men? Evidence and opinion. *BMC Infect Dis*. 2015;15:533.

Correction

Inaccurate Description. In the Photo Quiz, "Growing Mass in an Adolescent," (October 2021, p. 413) the term "flesh-colored" was used inaccurately numerous times. The seventh sentence of the introductory paragraph has been changed to "Physical examination revealed a skin-colored polypoid mass on the top of the patient's head, above the parietal area (Figure 1)." The last sentence of the third paragraph of the Discussion section has been changed to "Like the other subtypes, dermal nevi can be hyperpigmented or pink or appear the same color as surrounding skin." The second sentence of the fourth paragraph of the Discussion section has been changed to "They are usually the color of surrounding skin but can be hyperpigmented." The first sentence of the fifth paragraph of the Discussion section has been changed to "Compound nevi are usually hyperpigmented or the color of surrounding skin with a smooth and elevated or warty surface." The first sentence of the sixth paragraph of the Discussion section has been changed to "Junctional nevi are usually hyperpigmented and typically flat, but they can be slightly raised." In the Summary table, the characteristics of acrochordon has been changed to "Often pedunculated, usually the color of surrounding skin but can be hyperpigmented"; the characteristics of compound nevi has been changed to "Hyperpigmented or the color of surrounding skin; smooth and elevated or warty; round or oval and symmetrical; hair may be present"; the characteristics of dermal nevi has been changed to "Shape and size vary; can be warty, polypoid, or pedunculated; hyperpigmented or pink or appear the same color as surrounding skin"; and the characteristics of junctional nevi has been changed to "Hyperpigmented; flat and round or oval with symmetrical borders; hairless". The online version of this Photo Quiz has been corrected. ■