Urinary Tract Infections (UTI) part (2)

Urogenital Tract Module

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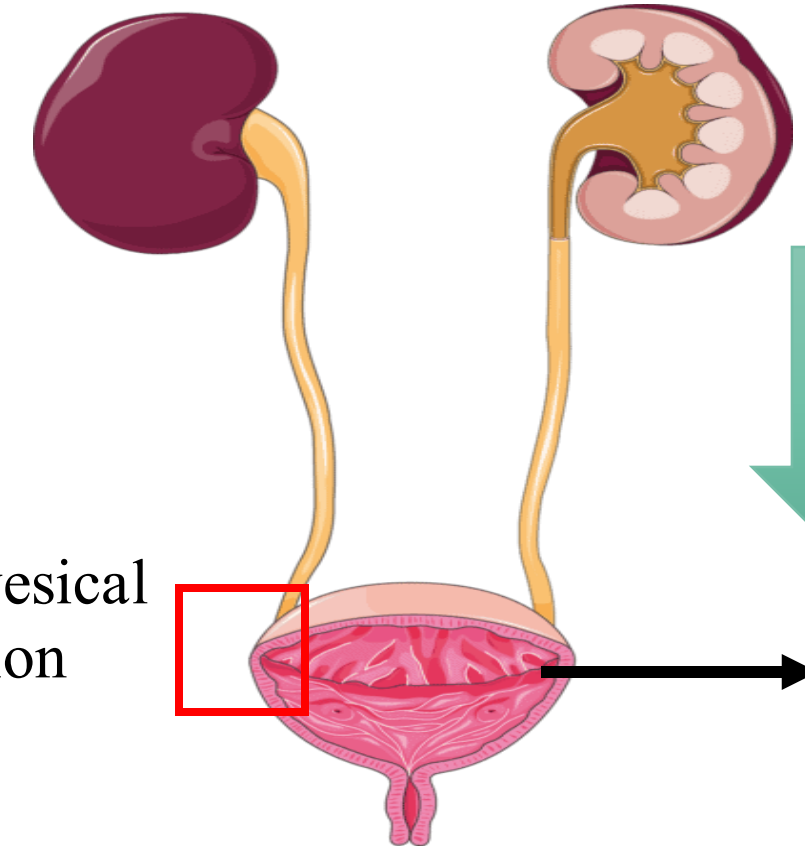
Outlines

- UTI classification
- Clinical presentation
- Diagnosis
- Treatment
- Complication and prevention

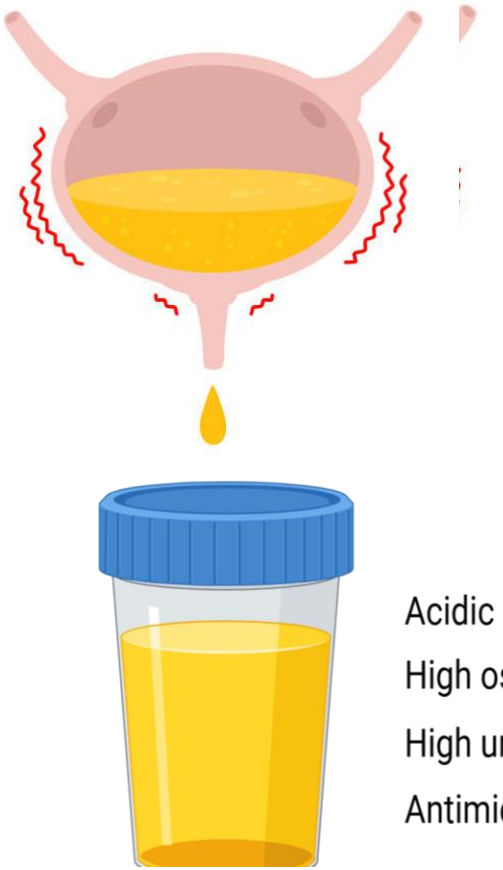
UTI: Urinary Tract Defences



Unidirectional urine flow

Ureterovesical junction

Epithelial cell turnover



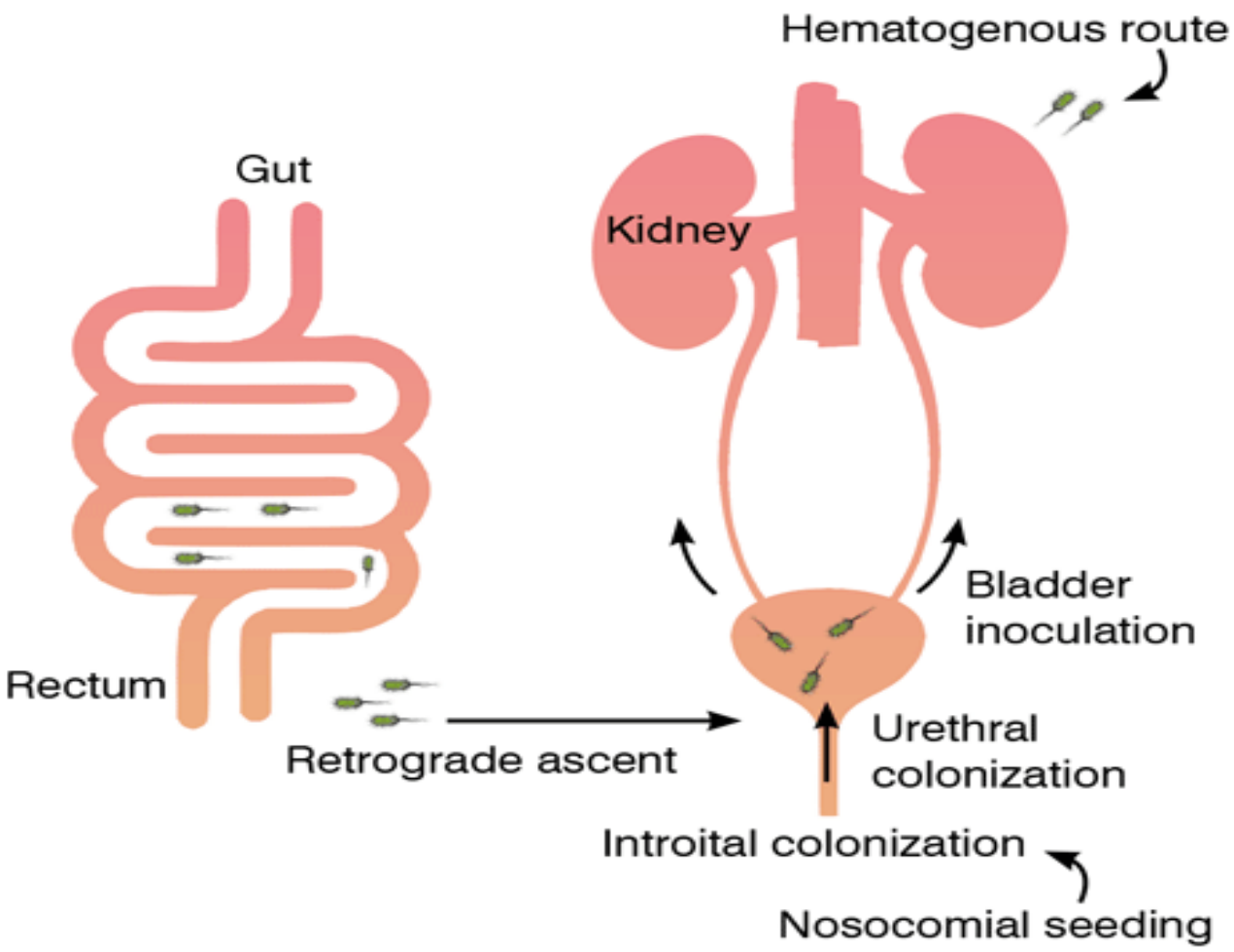
Acidic PH

High osmolality

High urea concentration

Antimicrobial peptides

UTI: Pathophysiology

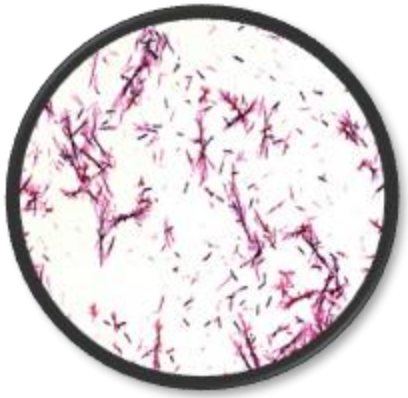


UTI: Etiology- Pathogens

E. coli

S. saprophyticus

K. pneumoniae



P. mirabilis

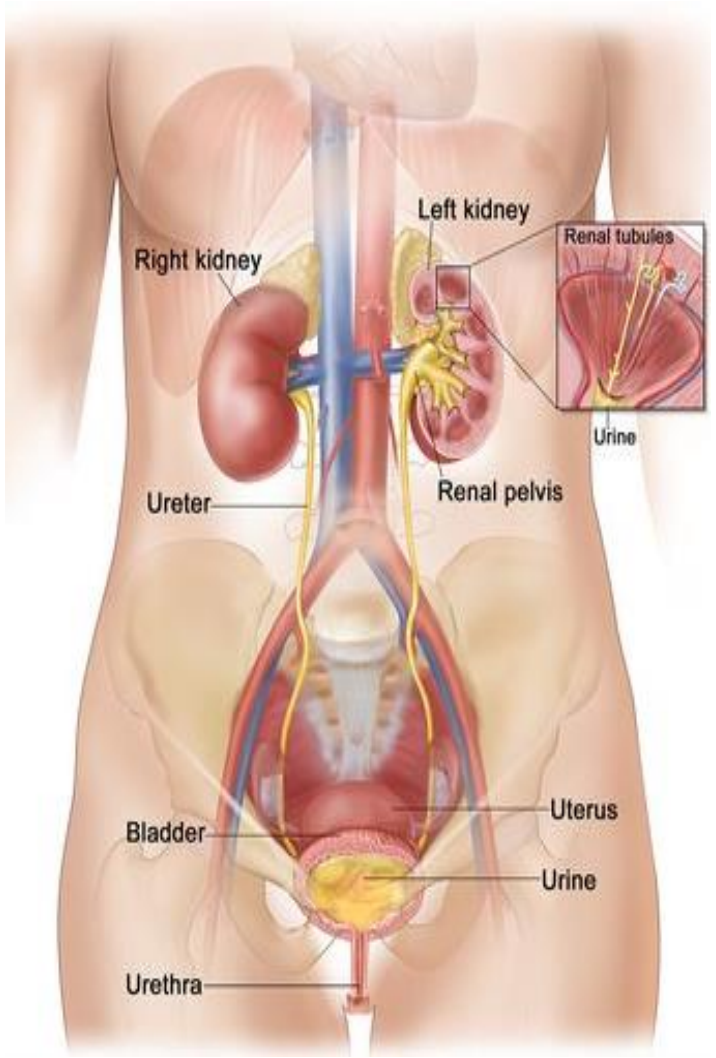
Viruses

Fungi

UTI: Etiology- Predisposing Factors

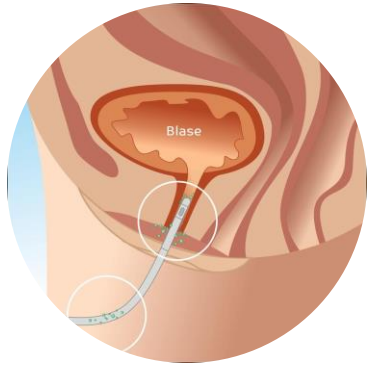
Host-dependent factors

- Structural or functional abnormalities of the urinary tract
- Gender
- Pregnancy
- Post menopause
- Chronic constipation
- Prior conditions



Other factors

- Postcoital cystitis
- Catheter-associated UTI



to be continued...

Urinary Tract Infections part (2)

UTI: Classification

- Urinary tract infections are classified and treated based on location, severity, and frequency.

UTI: Classification

By clinical presentation

Asymptomatic bacteriuria (ASB)

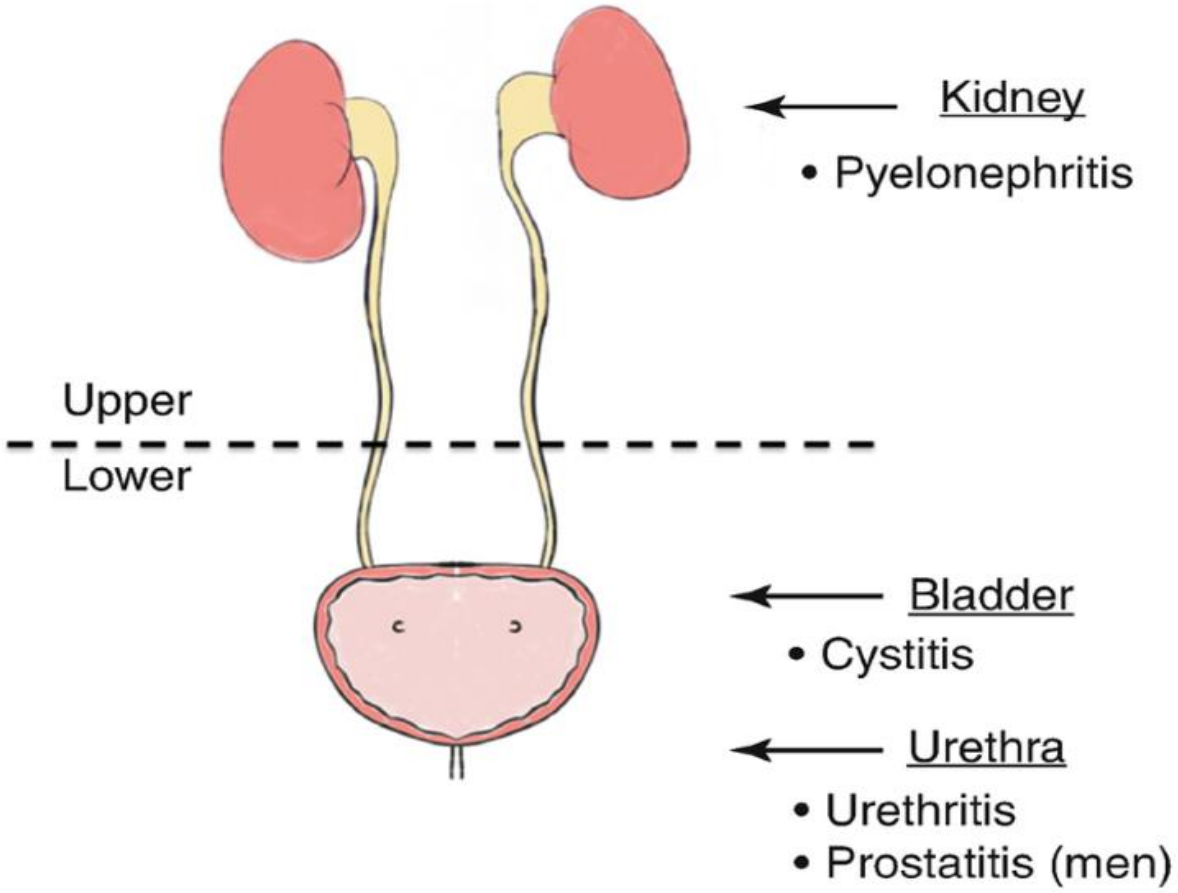
defined by the presence of **≥ 100,000 CFU/mL** in at least two voided urine samples in patients with **no symptoms** of UTI

Urinary tract infection (UTI)

Bacteriuria and clinical features of UTI

UTI: Classification

By location



UTI: Classification

By location

Lower UTI

- Infection of the bladder (**cystitis**), the most common location of UTIs
- Often accompanied by **urethritis**
- Can be associated with **prostatitis** in men

Upper UTI

- Infection of the kidneys and ureter (**pyelonephritis**)

UTI: Classification

By frequency

Recurrent UTI

≥ 3 episodes of symptomatic, culture-proven UTI

in one year or **≥ 2 episodes in 6 months**

UTI: Classification

By severity

Uncomplicated UTI

Infection in nonpregnant, premenopausal women without further risk factors for infection, treatment failure, or serious outcomes

Complicated UTI

- Infection in patients with risk factors for infection, treatment failure, or serious outcomes, including:
  - Male
  - Pregnancy, Post menopause
  - Significant anatomical or functional abnormalities
  - Immunosuppression, Renal failure
  - Metabolic disorders (e.g., diabetes)
- Infection associated with recent instrumentation or medical devices.
- Healthcare-associated UTIs

UTI: Clinical Features- Lower UTI

Painful urination or dysuria

Increased urinary frequency

Suprapubic tenderness

Cloudy or foul-smelling urine

Haematuria

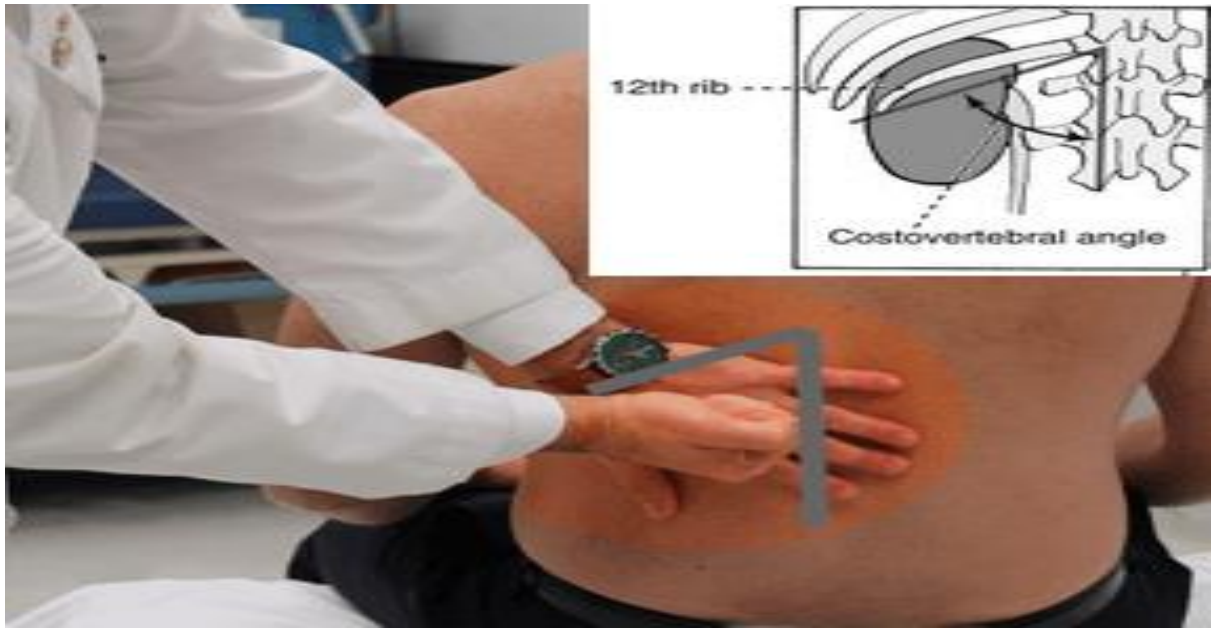
UTI: Clinical Features- Upper UTI

Fever

Nausea and vomiting

Flank pain

Fatigue



Costovertebral angle tenderness: Pain that is elicited upon percussion of the costovertebral angle (approx. 12th rib).
When present, this finding should raise concern for pyelonephritis.

UTI: Clinical Features- Symptoms in special patient groups

- Male individuals: pain in the prostatic/perineal area
- Children: Caregivers may report the following in young children: new-onset urinary incontinence (if toilet trained), irritability, crying when urinating, poor feeding, malodorous urine.
- Older adults: delirium/acute confusion

UTI: Diagnostics- Approach

Uncomplicated lower UTI in women

Typical symptoms

Treatment may be initiated without further diagnostics

Atypical or unclear symptoms

Perform urinalysis

\+ Initiate treatment

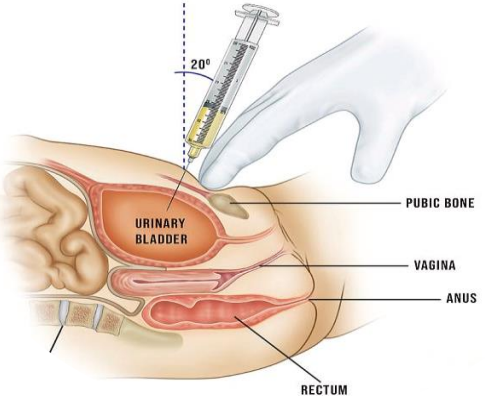
– Obtain urine culture

- Lower UTI in men
- Complicated lower UTI in women

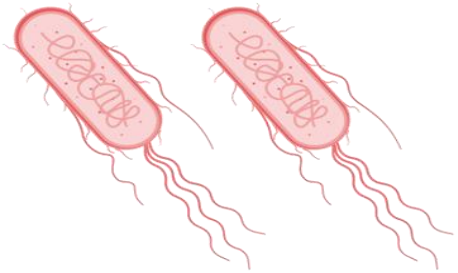
- Obtain urinalysis and urine culture
- Consider concomitant prostatitis

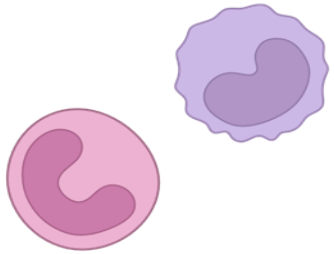
UTI: Diagnostics- Urinalysis

- Best initial test for all patients
- Procedure: visual, chemical (dipstick), and microscopic examination of urine
- Specimen collection method:
  - Clean-catch **midstream** sample → reduce contamination with vaginal or skin flora.
  - Straight catheterization of the bladder → if the risk of contamination is high.
  - Suprapubic aspiration → no contamination if performed correctly. Rarely used due to its invasive nature.



UTI: Diagnostics- Urinalysis Findings

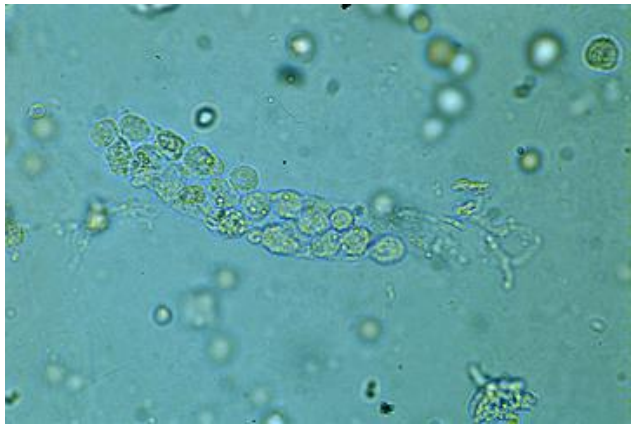




- Bacteriuria: presence of bacteria in the urine.
- Positive urinary nitrites: indicate bacteria that convert nitrates to nitrites (commonly gram-negative bacteria)
- Direct visualization by Gram stain (rarely performed)

- Pyuria: presence of white blood cells (WBCs) in the urine.
- Positive leukocyte esterase: an enzyme produced by WBC
- Leukocyte casts rare finding → a strong indicator for pyelonephritis.
- Micro- or macroscopic haematuria.

UTI: Diagnostics- Urinalysis Findings



- White Blood Cell casts are cylindrical structures composed of leukocytes (usually neutrophils) embedded in a protein matrix that forms in the **renal tubules**.

UTI: Diagnostics- Urine Culture

- **Indications:** Suspicion for complicated UTI, healthcare-associated UTI, pyelonephritis or urosepsis.
- **Interpretation**: Cultures are considered positive if:
  - Significant bacteriuria: defined as **≥ 10^5 CFU/mL** in a clean-catch specimen
  - Any organisms in a specimen obtained by suprapubic aspiration
- Typical colony findings:
  - *E. coli*: intensely pink on MacConkey agar
  - *K. pneumoniae*: viscous colonies
  - *P. mirabilis*: swarming motility pattern
  - *P. aeruginosa*: blue-green pigment

K. pneumonia

P. aeruginosa

UTI: Diagnostics- Imaging

- Imaging is generally not indicated for the diagnosis of lower UTI, but indications may include:
  - Suspected urinary tract obstruction
  - Recurrent complicated UTI
  - Men with febrile UTI

UTI: Diagnostics- Imaging

- CT scan:
  - CT abdomen and pelvis with or without IV contrast is considered most **sensitive for initial imaging**.
  - Findings supportive of urinary tract obstruction → Hydroureter, hydronephrosis, Nephrolithiasis, urolithiasis
- Ultrasound of the kidneys and bladder
  - Perform if there are contraindications to contrast or radiation.
- Additional modalities include MRI abdomen and pelvis, voiding cystourethrography.

UTI: Treatment

- **Uncomplicated UTI** (simple cystitis): Nitrofurantoin or Trimethoprim-sulfamethoxazole
- **Complicated UTI** (including pyelonephritis)
  - Outpatient: oral ciprofloxacin or levofloxacin
  - Inpatient options: IV ceftriaxone
- **Supportive treatment:** Oral analgesia, e.g., with NSAIDs, can provide additional relief.
- **Asymptomatic bacteriuria:** usually do not require treatment, unless: pregnant or recent kidney transplant

UTI: Treatment- General principles

- Symptom relief can be expected to occur after an average of 36 hours.
- Persistent symptoms despite antibiotic therapy suggest complicated UTI and/or indicate the need to change the empiric therapy.
- Relieve obstruction, if present:
  - Foley catheter for bladder outlet obstruction (i.e., BPH)
  - Urologic intervention for nephrolithiasis, ureteral obstruction, or perinephric abscess

UTI: Prevention

- Increase oral fluid intake
- Timely bladder voiding
- Post-coital voiding
- Adequate genital hygiene
- Minimize faecal contamination by wiping front to back.
- Topical oestrogen in post-menopausal women (promotes healthy vaginal flora)
- Consider prophylactic antibiotics

UTI: Complications

In general

- Perinephric abscess
- Urosepsis
- Emphysematous pyelonephritis
- Atrophic kidneys
- End-stage renal disease (ESRD)

In male individuals

- Urethral stricture
- Epididymitis
- Prostatitis
- Orchitis

In pregnant women

- Increased risk of preterm labour and birth

- A 23-year-old woman is evaluated for recurrent urinary tract infections. Two weeks ago, she was treated appropriately for pyelonephritis after experiencing fever, dysuria, flank pain, and costovertebral tenderness; she is now asymptomatic. Over the past year, the patient has had 5 episodes of uncomplicated cystitis. She has no other medical conditions and takes no medications.
- Temperature is 36.7 C (98.1 F), blood pressure is 110/70 mm Hg, pulse is 65/min, and respirations are 16/min. Physical examination is normal. Compared to this patient's prior UTIs, the pathogenesis of her most recent infection most likely involves which of the following additional factors?

A. Frequent voiding

B. Hematogenous bacterial spread

C. Retrograde urine flow

D. Suppression of endogenous flora

E. Urethral colonization

- A 21-year-old woman comes to the office for evaluation of urinary frequency and urgency for the past 2 days. She has also noticed scant vaginal discharge. The patient has never had these symptoms before. She has no chronic medical conditions. A urine sample is obtained for urinalysis and culture. Which of the following additional findings would be most suggestive of a diagnosis of pyelonephritis?

A. Bacteriuria
B. Fever
C. Leucocytosis
D. Microscopic haematuria
E. Sterile pyuria
F. White blood cell casts ✓

- A 24-year-old man comes to the office due to 2 days of burning pain with urination. The patient has also had increased urinary frequency over the past few days. He has had no fever, chills, nausea, vomiting, flank pain, or penile discharge. The patient is sexually active with his longtime girlfriend. Vital signs are within normal limits. Physical examination shows mild suprapubic tenderness. There is no costovertebral angle tenderness. The penis is uncircumcised.

Laboratory results are as follows:

Urinalysis

pH: 5
Blood: negative
Leukocyte esterase: positive
Nitrites: positive

- Based on the urinalysis results, which of the following organisms is the most likely cause of this patient's illness?

A. *Candida albicans*

B. *Enterococcus faecalis*

C. *Escherichia coli*

D. Herpes simplex virus

E. *Proteus mirabilis*

F. *Staphylococcus saprophyticus*

Thank you