

POST-ENDOSCOPIC URINARY TRACT INFECTIONS

THESIS

Submitted for partial fulfilment of
Master Degree in Urology

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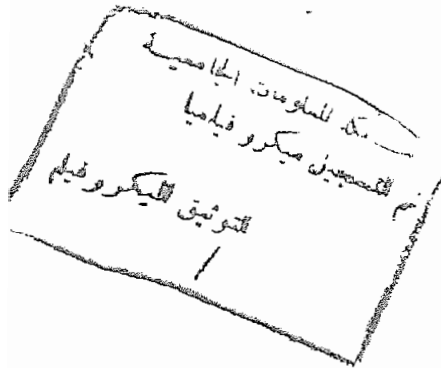
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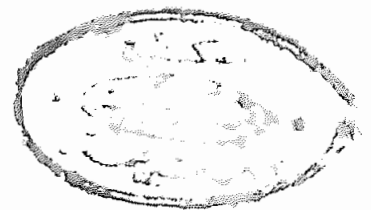
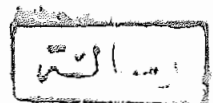
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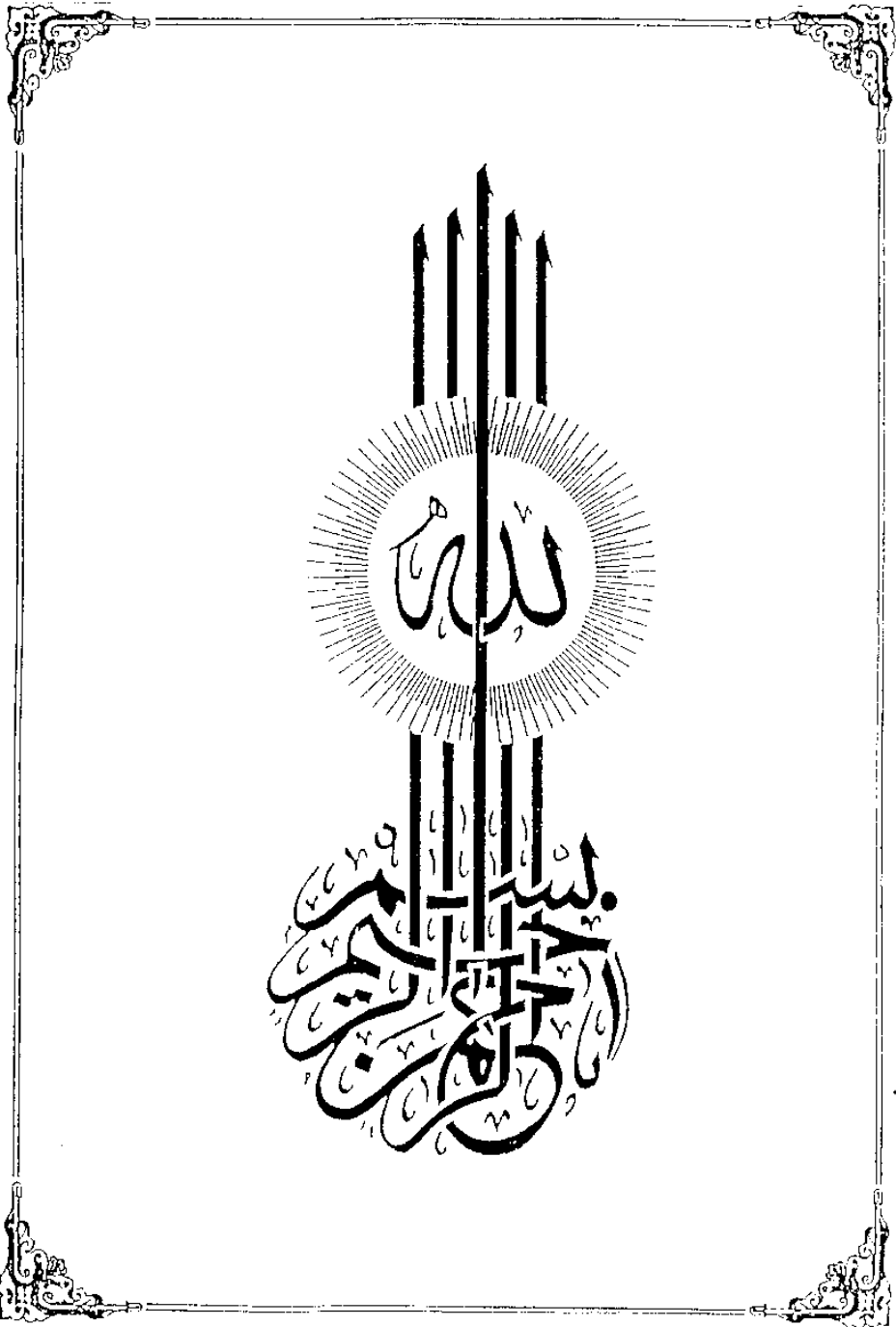
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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
قَالَ اسْمُكَ
مَا عَلَّمْتَنِي أَنْتَ الْعَلِيمُ

TO...

MY PARENTS

ACKNOWLEDGEMENT

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INTRODUCTION

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Urinary tract infection refers to both microbial colonization of the urine and tissue invasion of any structure of the urinary tract. Bacteria are most commonly responsible, although yeast fungi and viruses may produce U.T.I. Urinary tract infection may be relatively mild such as the "honey-moon cystitis" syndrome or catastrophic such as perinephric abscess in a diabetic patient U.T.I are often categorized by the site of infection who is convenient for the purpose of discussion. However it is often not possible to diagnose the various types on clinical grounds alone (Vincent T. Andride, 1985).

During the past few years research has clarified certain aspects of genito-urinary tract infection and change some of the traditional concepts about urinary tract infection:

1. UTI is the most common bacterial infection of the human of all ages.
2. The incidence and sequalae of UTI and consideration necessary in their diagnosis and treatment vary by sex and age.
3. Nearly 20% of women with sterile urine obtained by suprapubic needle aspiration of the bladder will produce a

clean voided MSU specimen that upon culture shows >100.000 bacterial colonies.

4. A recent study (Stamm et al., 1982) found that the bladder of acutely symptomatic women contained significantly fewer coliform bacteria than the traditional diagnostic criterion ≥ 100.000 bacteria/ml of MSU. Indeed these investigators formed that only 51% of women with symptomatic UTI with coliform bacteria were identified by using the diagnostic criterion of ≥ 100.000 bact./ml.
5. The presence of pyuria correlates poorly with the definitive diagnosis of UTI. Pyuria may be present in the absence of UTI and vice-versa.
6. The history and physical examination alone can not reliably differentiate either renal infection from lower urinary tract infection or "in women" bladder infection from urethral syndrome.
7. Deep tissue infection of the kidney and prostate and superficial infection of the bladder require different clinical management.
8. Clinical differentiation between upper tract infection and lower tract infection by non-invasive tests is generally unreliable.

9. Conventional 7 to 14 days therapy is not ideal for most forms of UTI; deep tissue infection requires more intensive therapy and superficial mucosal infection less intensive therapy.
10. For acute uncomplicated urinary tract infection in women, 1 to 3 days therapy with various antimicrobial agents has proved as efficacious as traditional 10 days therapy and has fewer adverse reactions.

Infection are a common cause of morbidity and mortality in pts undergoing urologic surgery. In addition to the medical consequences of these infection, infectious complications have major economic effects by prolonging hospitalization and increasing the cost of medical care. (*Rutledge K.A. 1985*)

REVIEW OF LITERATURE

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DEFINITIONS:

It is useful to define the commonly used terms in this study.

1. BACTERIURIA:

Referring to the presence of bacteria in urine, the term bacteriuria specifically implies that these bacteria are from the urinary tract and not contaminants from the vagina or prepuce that have been added to sterile urine. The term include both renal bacteriuria and bladder bacteriuria. Bacteriuria can occur with or without pyuria it can be symptomatic or asymptomatic. When it is detected by population study. "Secreening Survey" Screening Bacteriuria (Sc Bu) is more precise and descriptive terms than asymptomatic bacteriuria, especially since the latter term is clinically useful for describing the presence or absence of symptomo tology in an individual patient. Significant bacteriuria usually ≥ 100.000 colonies/ml.

2. PYELONEPHRITIS:

Because it has limited usefulness for both clinician and pathologist, the term pyelonephritis require careful definition. It has limited histologic usefulness since a variety of renal disease including obstruction and infarction as well as infection, produce the same histologic picture in the renal