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ثبكة المعلومات الجامعية







URINARY TRACT INFECTION IN MALNOURISHED INFANTS AND CHILDREN

Thesis
Submitted for partial fulfillment in M. Sc. degree
In PEDIATRICS

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FACULTY OF MEDICINE MENOUFIYA UNIVERSITY 1997

B 1100

Acknowledgement

"Thanks to God before and after"

I would like to express my sincere gratitude to **Dr. Farida H. El-Rashidi**, Assistant Professor of Pediatrics, Faculty of Medicine, Menoufiya University whose guidance, help and sincere supervision were the cornerstone in the building up of this thesis. She kindly supervised all the details of this work and revised all the work throughout its various steps. A few words could hardly do justice to him.

I would like to express my gratitude to **Dr. Fady Mohamed Al-Gendy,** Lecturer of Pediatrics, Faculty of Medicine, Menoufiya
University for his valuable help, cooperation, encouragement. He
offered me much of his unlimited experience in this research.

I would like to express sincere gratitude to **Prof. Dr. Hassan Al-Banaa Younis**, Professor and Head of Microbiology Department,

Faculty of Medicine, Menoufiya University for his generous advice and continuous encouragement.

I would like to express sincere gratitude to **Prof. Dr. Farahat A. El-Gazzar**, Professor of Pediatrics, Faculty of Medicine, Menoufiya University for his kind supervision and huge assistance in this work.

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List of Abbreviations

CFU

Colony forming unit

E. coli

Escherichia coli

Ig

Immunoglobulin

KWO

Kwashiorkor

M. tuberculosis

Mycobacterium tuberculosis

PEM

Protein-energy malnutrition

PNL

Polymorphonuclear leukocytes

S. aureus

Staphylococcus aureus

UTI

Urinary tract infection

VUR

Vesico-ureteral reflux

 \overline{X}

Mean

± S.D

Standard deviation

M.A.C.

Mid arm circumference

S.F.T.

Skin fold thickness

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INTRODUCTION

Protein-energy malnutrition is a range of pathological conditions arising from coincident lack, in varying proportions, of protein and calories, occurring most frequently in infants and young children and commonly associated with infections (Michel, 1994).

Protein energy malnutrition is the most important nutritional disease in the developing countries because of its high prevalence and its relationship with child mortality rates, impaired physical growth and inadequate social and economic development (Torun and Viteri, 1988).

The clinical presentation of protein-energy malnutrition varies with the degree and duration of protein and energy depletion, as well as with the age of the individual. The mild and moderate degrees of protein-energy malnutrition can be detected by nutritional assessment, in particular by anthropometry. The two well-known syndromes of protein-energy malnutrition, marasmus and kwashiorkor, occur in the most severe cases (Michel, 1994).

The relationship between malnutrition and infection is synergistic one, where each factor adversely affect the other (Hateh, 1981).

Urinary tract infection occurs more commonly in infancy than at any other age. Predisposing factors include congenital obstruction, ureterovesical valve dysfunction, immaturity or dysruption of host defenses, and exposure through fecal soiling to pathogens that can enter the urinary tract (Hoberman et al., 1993).

Accumulating evidence suggests that urinary tract infection is a relatively common cause of febrile illness in the first 2 years of life, that the majority of these infections are "occult" (i.e., without specific symptoms referable to the urinary tract), and that most infections remain undiagnosed if tests are not routinely performed to detect them (Michael et al., 1994).

Esherichia coli is the most common bacteria infecting the urinary tract, but other enterobacteriaceae and enterococcus may cause urinary tract infections (Linda, 1995).

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AIM OF THE WORK

- 1. To assess the prevalence of urinary tract infection in infants with protein-energy malnutrition.
- 2. To evaluate reliability of dipstick test for diagnosis of urinary tract infection as compared to culture.
- 3. To know about the most common infectious organism in these cases, this may be of help in starting early specific treatment.

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