# Cystitis (Lower UTI): Epidemiology Uncomplicated UTI More common in women (95%), from 18 – 45 years old, due to Sexual intercourse. Complicated UTI Pregnant women: Pregnant women: progesterone, obstruction of the prostate. Surgery Children

### **Etiological Agents:**

Gram positive bacteria:

BPH

tract

- Enterococcus fecalis
- Staphylococcus saprophyticus ( causes honeymoon cystitis "only in female")
- Group B streptococci (mainly pregnant women and diabetics)
- Gram negative bacteria:
- Enterobacteriaceae include:
- E.coli is the most common (60%) cause of cystitis.

Catheterization of the urinary

Presence of bladder stone

Diabetes mellitus

- Klebsiella pnumoniae
- · Proteus spp.
- P.aeroginosa.
- Pseudomonas aeroginosa. (usually with nosocomial cases)
- Fungi: Candida (not common):

# Clinical presentation:

- Dysuria (painful urination or micturation)
- Frequency (frequent voiding)
- Urgency (an imperative call for toilet)
- Hematuria (blood in urine)
- Usually no fever
- Pain and tenderness on the suprapubic area.

# Laboratory Diagnosis:

- •Specimen collection: Most important sample is midstream urine.
- Urine culture:
- Important to identify bacterial cause and antimicrobial sensitivity.
- Patient has bacteriuria > 10<sup>5</sup> CFU/ml --> Definite UTI
- Microscopic examination:
- About 90% of patients have > 10 WBCs/mm3
- Blood cells, parasites or crystals can be seen
- Chemical screening tests:
- Nitrates: an enzyme producing by Gram –ve bacteria.
- Leukocyte esterase: producing by WBCs

## Laboratory Diagnosis:

Complicated UTI: Treatment period: 10-14 days

Uncomplicated UTI: Treatment period: 3 days. Drug of choice:

Trimethoprim/sulfamethoxazole/Ciprofloxacin

**Ampicillin** "not used anymore due to increasing in Ecoli resistant"

Nitrofurantoin, for lower UTI. Can't be used in upper