

UTI IN WOMEN

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It has been estimated that 60% of women develop UTI in their life time. The highest incidence is seen in the age group of 18 to 24 years, directly related to sexual activity. Next is menopausal age due to lack of estrogen, presence of cystocele and diabetes. The reasons for increased incidence are : short urethra, colonization of vagina by uropathogens where vaginal pH goes up due to use of condoms, spermicides, diaphragms, infrequent emptying of bladder, post void residual urine, cystocele, dilatation of urinary system during pregnancy, recent antibiotic use etc,. Uncomplicated cystitis is treated empirically by 3 day course of TMP-SMX/ ampicillin/ nitrofurantoin/ ciprofloxacin/cephalosporins. Recurrent UTI requires urine culture and appropriate antibiotics for 7 to 14 days. Post menopausal UTI responds well to vaginal application of estrogens.

Honeymoon cystitis is managed by pre and postcoital voiding, increased fluid intake and in recurrent cases post coital antibiotic prophylaxis (TMP-SMX/ampicillin/ nitrofurantoin).

Asymptomatic bacteriuria during pregnancy(>100,000 organisms/ml) should be treated because of the risk of developing acute pyelonephritis(30% incidence), preterm labour and low birth weight babies. Asymptomatic bacteriuria is treated by 7 day course of ampicillin or nitrofurantoin or cephalosporins. Acute pyelonephritis should be treated by hospitalization i.v fluids, i.v antibiotics(cephalosporins) for 48 hours and then oral antibiotics for 10 to 14 days. Differential diagnosis of acute pyelonephritis during pregnancy includes: acute appendicitis, acute cholecystitis, preterm labour, abruptio placentae and red degeneration of fibroid. Post partum UTI due to prolonged labour, repeated bladder distension, dehydration and conduction anaesthesia, is difficult to treat because of bladder atony. Atonic bladder may require prolonged catheterization(4-6 wks).

In non specific urethritis or urethral syndrome, the patient has urinary symptoms but no organism can be isolated. The suspect organisms are: Chlamydia, ureaplasma, HSV and trichomonas. The patients respond well to empirical treatment with tetracyclines.

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