

Fígado

EP-146 - URINARY TRACT INFECTION CAUSED BY MULTIDRUG-RESISTANT BACTERIA IN CIRRHOTIC PATIENTS

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Introdução e Objetivos

There are data that multidrug-resistant bacteria (MDR) might play an important role in the severity of the course and clinical outcomes of urinary tract infections (UTI). Recent investigations suggest that the prevalence of infections caused by MDR-bacteria is increasing in cirrhosis. At the same time, UTI in cirrhosis are usually symptomless. We aimed to evaluate the rate of MDR-bacteria in hospitalized cirrhotic patients with UTI.

Material

This was a retrospective study of 151 patients with cirrhosis in Department of Gastroenterology (between 2009 and 2011). Cirrhosis was clinically and/or histologically confirmed. The types of infections were defined according to conventional criteria. MDR-bacteria were defined as strains resistant to at least three of the main antibiotic families among tested antimicrobial agents according to international expert recommendations (Magiorakos A.P. et al., 2012).

Sumário dos Resultados

In our study 151 patients with decompensated cirrhosis were enrolled, 67 patients (44.4%; 95%CI: 36.3–52.7%) had various infections, from which urinary tract infections (UTI, n=31), pneumonia (n=24) and spontaneous bacterial peritonitis (SBP, n=8) were the most frequent. Characteristics of the patients with infections were: median age was 52 (IQR 41–59) years; male 39%; median Child-Pugh score 10 (IQR 9–11). Mostly alcohol induced cirrhosis (55%). The culture-positive samples were found in 33 cases from 27 patients. Gram-positive cocci (73%) were the most common causative bacteria in nosocomial infections such as bacteremia/sepsis and SBP. UTI were caused by Enterobacteriaceae's family (75%) mainly. From 16 uropathogens 5 were considered to be MDR-strains. Isolated MDR-uropathogens were the following: E.coli (n=2), P.agglomerans, Acinetobacter spp., E.faecalis. On background of UTI caused by MDR-bacteria were diagnosed SBP (n=1) caused by S.aureus and bacteremia (n=3) caused by S.aureus, S.epidermidis, E.coli during current hospitalization. The rate of MDR-bacteria was 31.3% (95%CI: 11.0-58.7%). At the same time among bacteria which caused UTI were susceptible to quinolones 93%.

Conclusões

We identified a high rate of MDR-bacteria in UTI (31.3% (95%CI: 11.0-58.7%) in our unit. Cases of MDR-UTI were combined with other severe bacterial complications (SBP, bacteremia). According to the results of microbiological monitoring in local unit the current management of infections in cirrhotic patients' group should be corrected.