ارائه مورنیگ پزشکی خانواده

۱۲/۱۲/۱۴۰۲

با موضوع باکتری اوری بدون علامت در خانم پنجاه ساله

استاد راهنما : استاد دکتر طاووسیان
ارائه دهنده : مهران نوری

Chief complaint

سردرد همراه با جواب ازمایشات قبلی

Present illness

- بیمار خانم ۵۰ ساله مورد فشار خون و هایپر لیپیدمیا با شکایت سردرد جنرالیزه از ۲ روز قبل همراه با فتوفوبی و به صورت ضرباندار که مطابق سردرد های قبلی وی بوده و با سابقه ی قبلی میگرن او همخوانی داشته مراجعه کرده.در ویزیت قبلی وی جهت چک اپ ازمایشات کلی درخواست شده بود که در ان پیوری و باکتری اوری وجود داشت. بیمار علامت دار نبوده و شرح حالی از دیزوری ، فرکوئنسی ، ارجنسی ، احتباس ویا ترشحات واژینال نمیدهد.

- PMH

هایپر تنشن و هایپرلیپیدمیا •

- DRUG HISTOTY:

قرص والزومیکس ۱۶۰/ ۵ روزانه •

قرص فنوفیبرات ۱۰۰ میلیگرم روزانه •

- AH : neg
- HH : neg

Physical Examination

بیمار خانم میانسال، هوشیار و اورینته است. ill – toxic :

ملتحمه pale نیست. اسکلرا ایکتریک نیست.

Vital signs: PR: 80 BP: 120/70 RR:20 T:36.8 O2 sat: 98%

سمع ریه: clear است و کاهش صدا یا صدای اضافه ندارد

سمع قلب: s1 و s2 بدون سوفل سمع شد.

معاینه شکم: نرم و بدون تندرنس یا گاردینگ می باشد

معاینه اندام ها: نرمال است نبض های دیستال پر و قرینه است

Urine

Test	Result	Unit	Reference value
Complete Urine analysis			
Macroscopic			
Color	Yellow		
Appearance	Semi Clear		
PH	5		
Sp.Gravity	1.031		
Protein	Negative		
Blood/Hb	Negative		
Glucose	Negative		
Nitrite	Negative		
Ketone	Negative		
Microscopic			
WBC	12-14		
RBC	1-2		
Epithelial	10-12		
Bacteria	Moderate		
Mucus	Few		
Crys			
Ca.Oxalate	Few		
Cast			

باقرح حال بیمار لطابق داده شود و درصورة نزوم تکرار گردد.

Bacteriology

Test	Result	Unit	Reference value
Urine Culture & Sensitivity			
Culture	*Escherichia Coli*		
Colony Count	100000	Per/ml	
Antibiogram			
Sensitive			
	Co-Trimoxazole , Gentamycin , Nitrofurantoin		
Resistant			
	Cefixime(CFM) , Ciprofloxacin , Cefotaxime (CTX) , Imipnem		

- Asymptomatic bacteriuria is defined as isolation of a specified quantitative count of bacteria in an appropriately collected urine specimen from an individual without symptoms of urinary tract infection (UTI).

- Voided clean-catch specimens — The threshold for asymptomatic bacteriuria from a clean-catch voided urine specimen is isolation of a single organism in quantitative counts ≥105 colony-forming units (CFU)/mL [1]. For females, a second specimen should be obtained (preferably within two weeks) to confirm growth of the same organism over the same quantitative threshold. For males, a single urine specimen meeting the criteria is sufficient for making the diagnosis.

EPIDEMIOLOGY

- Females — The prevalence of asymptomatic bacteriuria among healthy females increases with advancing age, from about 1 percent among schoolgirls to >20 percent among those over 80 years of age residing in the community

- Males — Asymptomatic bacteriuria is rare among healthy young males . Among males older than 75 years residing in the community, prevalence is 6 to 15 percent [16]. Males with diabetes mellitus do not appear to have a higher prevalence of bacteriuria than those without.

- In general, we suggest not screening for nor treating asymptomatic bacteriuria. There are a few exceptions in whom screening and treatment are warranted; these include pregnant persons, patients undergoing urologic intervention, and recent renal transplant recipients.

- — There is no role for routine screening for or treating asymptomatic bacteriuria in the general, nonpregnant population
- — There is no role for screening for or treatment of asymptomatic bacteriuria among older adults, either in the community or in health care facilities
- There is no role for screening for asymptomatic bacteriuria in patients with diabetes mellitus
- There is no role for screening for or treatment of asymptomatic bacteriuria among patients undergoing nonurologic surgery, including joint arthroplasty
- Even many individuals with immunocompromising conditions do not appear to be at greater risk of adverse outcomes from untreated asymptomatic bacteriuria

- Adverse effects of antibiotics — Beyond the potential direct adverse effects of antibiotics (eg, toxicity or intolerance, risk of Clostridioides difficile colitis), overuse of antibiotics is well known to drive antibiotic resistance at both the individual and the community or institutional level . Eliminating treatment of asymptomatic bacteriuria has been identified as an important target of efforts to reduce unnecessary antibiotic administration. There is also some evidence that treating asymptomatic bacteriuria could increase the risk of subsequent UTI.

- Pregnancy — Asymptomatic bacteriuria during pregnancy has been associated with adverse pregnancy outcomes. Screening for asymptomatic bacteriuria is warranted for pregnant persons [1,84]. This is discussed in detail separately.

- Asymptomatic bacteriuria during pregnancy increases the risk of pyelonephritis and has been associated with adverse pregnancy outcomes, such as preterm birth and low birth weight infants (see 'Epidemiology' above). Antimicrobial treatment reduces the risk of subsequent development of pyelonephritis and is associated with improved pregnancy outcomes

- Asymptomatic bacteriuria is treated with an antibiotic tailored to the susceptibility pattern of the isolated organism, which is generally available at the time of diagnosis. Potential options include beta-lactams, nitrofurantoin, and fosfomycin .Although nitrofurantoin is generally avoided during the first trimester, it is an appropriate alternative when other options cannot be used. Safety of antimicrobial agents used for bacteriuria during pregnancy is discussed elsewhere

- The optimal duration of antibiotics for asymptomatic bacteruria is uncertain. We typically give five to seven days of therapy. Short courses of antibiotics are preferred to minimize the antimicrobial exposure to the fetus. Short course antibiotic therapy is usually effective in eradicating asymptomatic bacteriuria of pregnancy, although single-dose regimens may not be as effective as slightly longer regimens

- An exception is single-dose fosfomycin, which successfully treats bacteriuria. In three trials comparing this drug with other therapies administered for a longer time, eradication of the organism was comparable .

- Patients undergoing urologic intervention — Screening for and treatment of asymptomatic bacteriuria are warranted for patients undergoing urologic procedures in which mucosal bleeding is anticipated [1,84]. Untreated bacteriuria is associated with infectious complications following urologic interventions, with a higher risk associated with procedures that disturb mucosal integrity

- Renal transplant recipients — Some experts screen for and treat asymptomatic bacteriuria in the first few months following transplantation. This is discussed in detail elsewhere. (See "Urinary tract infection in kidney transplant recipients", section on 'Monitoring for asymptomatic bacteriuria' and "Urinary tract infection in kidney transplant recipients", section on 'Early ureteral stent removal

سطوح بیشگیری

- **Primordial prevention**
- **Primary prevention**
- **Secondary prevention**
- **tertiary prevention**
- **Quaternary prevention**

Primordial prevention

۱- آموزش تمام پزشکان و مراقبین سلامت برای رویکرد درست در برخورد با علایم ادراری و تفسیر آزمایشات

۲- استفاده از وسایل ارتباط جمعی برای نحوه جمع‌آوری مناسب نمونه ادراری

۳- توصیه به تشکیل پرونده سلامت به تمام بیماران جهت ثبت اطلاعات

Primary prevention

۱-آموزش چهره به چهره به سبک زندگی سالم

۲- آموزش به افراد باردار از عوارض باکتری اوری بر مادر و جنین و اهمیت درمان انها جهت جلوگیری از بروز عوارض

Secondary prevention

۱- انجام آزمایشات ادراری در زنان باردار در تریمستر اول و دوم بارداری جهت شناسایی زودهنگام اختلالات ادراری

tertiary prevention

- ۱- درمان و بیگیری مناسب دربیمارانی که نیاز به اقدامات درمانی دارند

Quaternary prevention

- ۱ - عدم انجام اقدامات تشخیصی و درمانی اضافی
- ۲- جلوگیری از بستری بی مورد
- ۳- عدم تجویز دارو های انتی بیوتیکی در جهت مقابله با مقاومت انتی بیوتیکی در سطح فرد و جامعه