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PREVALENCE OF POSITIVE SWABS IN WOMEN WITH URINARY SYMPTOMS

Aims of study

Irritative urinary symptoms can have different causes, and genitourinary tract infection can be one of these. Before performing urodynamics, where the rate of false positive diagnosis in case of urinary tract infection can be up to 45%, or before prescribing any therapy it should be in fact recommended to exclude any genitourinary infection. Although through a urine dipstick a bacterial contamination of the lower urinary tract can easily be excluded, no simple tests are available to detect the presence of Chlamydia or Ureaplasma. In this study we assessed the prevalence of positive vaginal, cervical and urethral swabs in a group of women referred to our urogynaecological outpatient clinic for irritative bladder symptoms.

Methods

A group of consecutive women with irritative bladder symptoms (frequency, urgency, urge incontinence) referred to our urogynaecological outpatient clinic were included in this study. All the women underwent a thorough urogynaecological assessment and after completing an urogynaecological questionnaire, vaginal, cervical and urethral swabs for bacteria, Chlamydia and Ureaplasma were performed before a gynaecological examination. The results of the swabs were then stored onto a database together with data on age, menopausal status and use of hormonal replacement therapy as well as a history of recurrent urinary tract infections. The data were then analysed using SPSS for statistics.

Results

For this study we considered 139 women with a mean age of 61.9 years, ranging from 29 to 86 years. The vast majority of them (82%) were on menopause but only 10% were using an hormonal replacement therapy. At follow-up we found the following rates of positive swabs: 31,6% of the vaginal swabs, 14,4% of the cervical swabs and 30,7% of the urethral swabs. No correlation was found between the site of the positive swab and a history of recurrent urinary tract infection. The graph 1 shows the type of bacteria detected at each different swab.



Graph 1. Positive swabs for bacteria

The graph 2 shows other germs detected at each different swab



Conclusions

This study shows a high prevalence of positive swabs in women with urinary tract symptoms. The types of germs involved are different in the different sites investigated, being bacteria and candida more frequent in vagina and UreapIsma or Mycoplasma in urethra. Considering our data we believe it could be reasonable to exclude at least the presence of UreapIsma or Mycoplasma in women with irritative bladder symptoms.

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