# URINARY TRACT INFECTION IN DIABETIC MICROALBUMINURIC PATIENTS VISITING B & B HOSPITAL.



Dissertation

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In Partial Fulfillment of the Requirements for the Award of the Degree of Master of Science in Microbiology (Medical)



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> Kirtipur, Kathmandu, Nepal 2008

# RECOMMENDATION

This is to certify that **Mr. Girdhari Rijal** has completed this dissertation work entitled "**URINARY TRACT INFECTION IN DIABETIC MICROALBUMINURIC PATIENTS VISITING B & B HOSPITAL**" as a partial fulfillment of M. Sc. Degree in Microbiology under our supervision. To our knowledge this thesis work has not been submitted for any other degree.

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## ABSTRACT

Diabetes is a heterogeneous group of diseases, characterized by a state of chronic hyperglycemia, resulting from a diversity of etiologies, environmentally and genetically or jointly. The underlying cause of diabetes is the defective production or action of insulin. Micro-albuminuria is a state of increase in urinary albumin too subtle to be measured by ordinary chemical procedures. Preceding Micro-albuminuria is highly predictive of diabetic nephropathy and end-stage of renal disease. Urinary tract infections (UTI) are commonly encountered in patients with diabetic microalbuminuria as asymptomatic bacteriuria (ASB) which can lead to serious infection. Infections of the urinary tract are the second most common type of infection in the body.

The present study was conducted in B & B hospital among visiting Patients suspected of Urinary Tract Infection (UTI) who had been diagnosed as diabetic micro-albuminuric Patients (cases) and non-diabetic non-micro-albuminuric patients (controls) who visited during April 10, 2007 to August 20, 2007. The aim of research was to study the prevalence of UTI in diabetic micro-albuminuric patients.

Altogether, 300 samples (both blood and urine) were collected, 150 were screened for diabetic micro-albuminuric samples and 150 were screened for non-diabetic non-microalbuminuric samples (controls). Out of 150 diabetic micro-albuminuric samples, 77(51.4%) showed significant growth and out of 77, 49(63.7%) were Multiple Drug Resistant (MDR) strains. Similarly, out of 150 non-diabetic non-microalbuminuric samples, 38(33.0%) showed significant growth and out of 38, 22(57.9%) were MDR-strains. Nine different bacteria were isolated, among them *Escherichia coli* was found to be the most predominant isolate from cases and controls. Out of 77, 42(54.5%) were *E. coli* isolates, and out of 42, 33 (68.8%) were MDR-strains. The predominant gram positive organism isolated was Staphylococcus aureus (N=2) and both were MDR strains. Most of the organisms isolated from diabetic microalbuminic patients were susceptible to Imipenem and Meropenem and almost all gram negative organisms isolated from non-diabetic non-microalbuminic patients were susceptible to Nitrofurantoin whereas, Gram positive isolates were sensitive to tetracycline.

Diabetic microalbuminuria showed the significant association with the urine culture positivity (p<0.05) as increase in concentration of urine microalbumin from 2.1 mg/dl to 20.0 mg/dl, there was the increase in growth positive as same as there is significant association between culture positivity and gender (p>0.05). Higher proportion of significant growth seen as the level of urinary micro-albumin increases was found statistically significant (p<0.05) but there is no significant association between types of diabetic patient and UTI (p>0.05). The sensitivity and specificity of urine culture test on the basis of level of urinary sugar and micro-albumin to diagnose UTI were found 67% and 60.5% respectively.

Key Words: Urinary tract infection, Diabetic microalbuminuria, Multi-drug resistance

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# LIST OF ABBREVIATIONS

ADA ASB	American Diabetes Association Asymptomatic Bacteriuria
ATCC	American Type Culture Collection
BA	Blood Agar
CA	Chocolate Agar
CFU	Colony Forming Units
CONS	Coagulase Negative Staphylococci
CRF	Coagulase Reacting Factor
DHFR	Dihydrofolate Reductase
DNA	Deoxyribonucleic Acid
ESBL	Extended Spectrum of Beta Lactamase
ICU	Intensive Care Unit
IS	Insertion Sequence
MA	MacConkey Agar
MBC	Minimum Bactericidal Concentration
MDR	Multi-drug Resistant
MHA	Mueller Hinton Agar
MIC	Minimum Inhibitory Concentration
MLS	Macrolide-Lincosamide-Streptogramin
MRSA	Methicillin Resistant Staphylococcus aureus
MRVP	Methyl Red Voges Proskauer
NA	Nutrient Agar
NB	Nutrient Broth
NCCLS	National Committee for Clinical Laboratory Standards
NCTC	National Collection of Type Cultures
PBP	Penicillin Binding Protein
QREC	Quinolone Resistant Escherichia coli
RNA	Ribonucleic Acid
SIM	Sulfide Indole Motility
TSIA	Triple Sugar Iron Agar
UTI	Urinary Tract Infection

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