P1664 Multidrug-resistant bacteria causing urinary tract infections: how severe are they?

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Background: Urinary tract infections (UTI) are associated with a significant health care burden. Due to the high unreasonable use of antibiotics, multi-drug-resistant bacteria (MDRB) are increasing. We aimed to study the clinical and evolutionary particularities of UTI caused by MDRB.

Materials/methods: We reported a retrospective study including all patients with UTI hospitalized in the Infectious Diseases Department between 2010 and 2017.

Results: Totally, we identified 407 cases (46.9%) of UTI caused by MDRB. There were 248 females (60.9%). The mean age was 57 ± 20 years old. Diabetes was noted in 155 cases (38.1%). There were 372 cases (91.4%) of community-acquired infections. The most common clinical presentation was acute pyelonephritis (331 cases; 81.3%) followed by cystitis (43 cases; 10.6%). Prostatitis was noted in 16 cases (3.9%) and renal abscess in 6 cases (1.5%). We identified 295 cases of Escherichia coli (72.5%) and 79 cases of Klebsiella pneumonia (19.4%). There were 10 cases of Proteus mirabilis (2.5%) and 5 cases of pseudomonas aeruginosa (1.2%). The mean duration of treatment was 15 ± 8 days. Surgery and radiological drainage were required in 9 (2.2%) and 5 cases (1.2%) respectively. The outcome was favorable in 336 cases (82.6%). Reinfection was noted in 36 cases (8.8%), recurrence in 29 cases (7.1%) and relapse in 18 cases (4.4%). Nine patients died (2.2%).

Conclusions: Our study highlighted the substantial burden of UTI caused by MDRB even among community-acquired infections. Identifying the reasons behind may help decreasing its incidence and the spread of these MDRB.