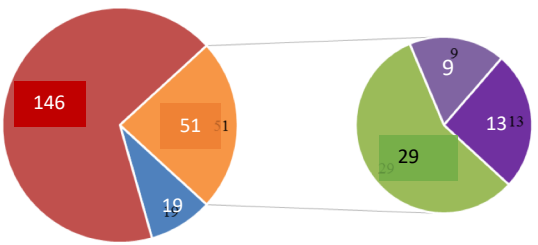
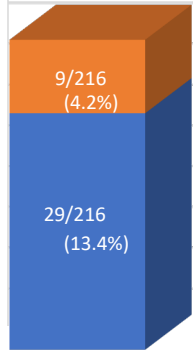


IDENTIFICATION OF PROBABLE URINARY TRACT INFECTION IN CHILDREN USING LOW BACTERIAL COUNT THRESHOLDS IN URINE CULTURE

AIM: To identify the proportion of symptomatic children showing growth of a single bacterial species with colony counts $>10^4$ CFU/mL in urine culture

SUBJECTS	METHODS	RESULTS
<p>216 children, Sex: 61.1% males, Age: 24(IQR 12,48)mo</p> <p>Having symptoms suggestive of UTI (fever without focus- 74%, vomiting 28%, dysuria 15%, and others)</p>	<p>Prospective observational study</p> <p>Method of Urine sample collection: a) Mid-stream, clean-void, OR b) Transurethral Catheter</p> <p>Interpretation of Urine Culture: "Probable UTI" : Single bacterial species growth $>10^4$ to 10^5 CFU/mL "Conventional UTI" : Single bacterial species growth $>10^5$ CFU/ml</p>	<p>51 (23.6%)- single species (pure) growth, 19 (8.8%) -mixed growth, 146 (67.6%)- no growth</p>   <p>Pure growth $>10^4$CFU/mL: 9 (4.2%) Conventional UTI: 29 (13.4%) Probable UTI: 29 (13.4%)</p> <p>No significant difference in terms of age, gender, method of collection of urine, nor frequency of abnormal imaging findings between Conventional UTI & Probable UTI</p>

CONCLUSION: An additional proportion of symptomatic children with probable UTI & possible underlying urological abnormalities may be identified by lowering colony count cutoff to $>10^4$ CFU/mL, in clean-voided & catheter- samples.

Nyayadhish, et al. 2022