

Single Dose Antibiotic Therapy for Urinary Tract Infection

Drs. Sen and Moudgil(1) state that single dose antibiotic therapy has no role in the treatment of childhood urinary tract infection.

This topic has been reviewed by Bailey(2), who, supported by evidence from the literature, recommends single dose therapy as the treatment of choice for uncomplicated urinary tract infections in children, particularly in the older girl with asymptomatic bacteruria or recurrent cystitis with a radiologically normal urinary tract.

The advantage of this form of therapy are its simplicity, economy, efficacy, better patient compliance, fewer side effects and, according to some studies, lesser R-factor mediated resistance.

The recommended single dose regimens are depicted in the *Table*.

TABLE—Recommended Single Dose Regimens

Drug	Dose (mg/kg)
Trimethoprim	6 - 9
Co-trimoxazole	30 - 40
Sulphafurazole	150 - 200
Amoxycillin	50 - 100
Gentamicin/Netilmicin	3 - 5

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REFERENCES

1. Sen S. Moudgil A. Urinary tract infections in children. II. Investigations, treatment and prognosis. *Indian Pediatr* 1991, 28: 1534-1539.
2. Bailey RR. Single dose therapy of urinary tract infection. *In: Recent Advances in Pediatrics*. Ed Meadow R. Edinburgh, Churchill Livingstone, 1986, pp 75-85.

Reply

We wish to thank Dr. Gautam for his interest in our paper. Single dose therapy for urinary tract infections (UTI) in children has been a hotly debated subject, but of late the issue is quite clear. In the late 70's and early 80's, a few reports appeared in literature(1,2) which suggested that short course therapy was as good as the conventional treatment for childhood UTI. Based on these reports (and a few other small clinical trials), a few authors recommended the use of short course therapy in selected cases of childhood UTI. During the same period, a few studies showed that short course therapy was associated with a significantly lower cure rate(3) or a greater rate of relapse(4).

Moffatt *et al.*(5) systematically studied all the published data on the subject till date and did a "methodological review" of all 14 papers published on this topic. They found that 2 of the 14 studies indicated that short course therapy was significantly less effective than conventional treatment and the remaining 12 had insufficient sample