

Single-dose antibacterial treatment for asymptomatic bacteriuria in pregnancy

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- Consequences (importance)
- Appearance (causes)
- Frequency
- Epidemiology of bacteriuria
- The optimal time for screening

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OBJECTIVES :

- To establish whether single-dose is efficiently in comparison with short-term (3-10 days), long-term (14-21 days) and continuous treatment (treatment continued until delivery).

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DATA SOURCES :

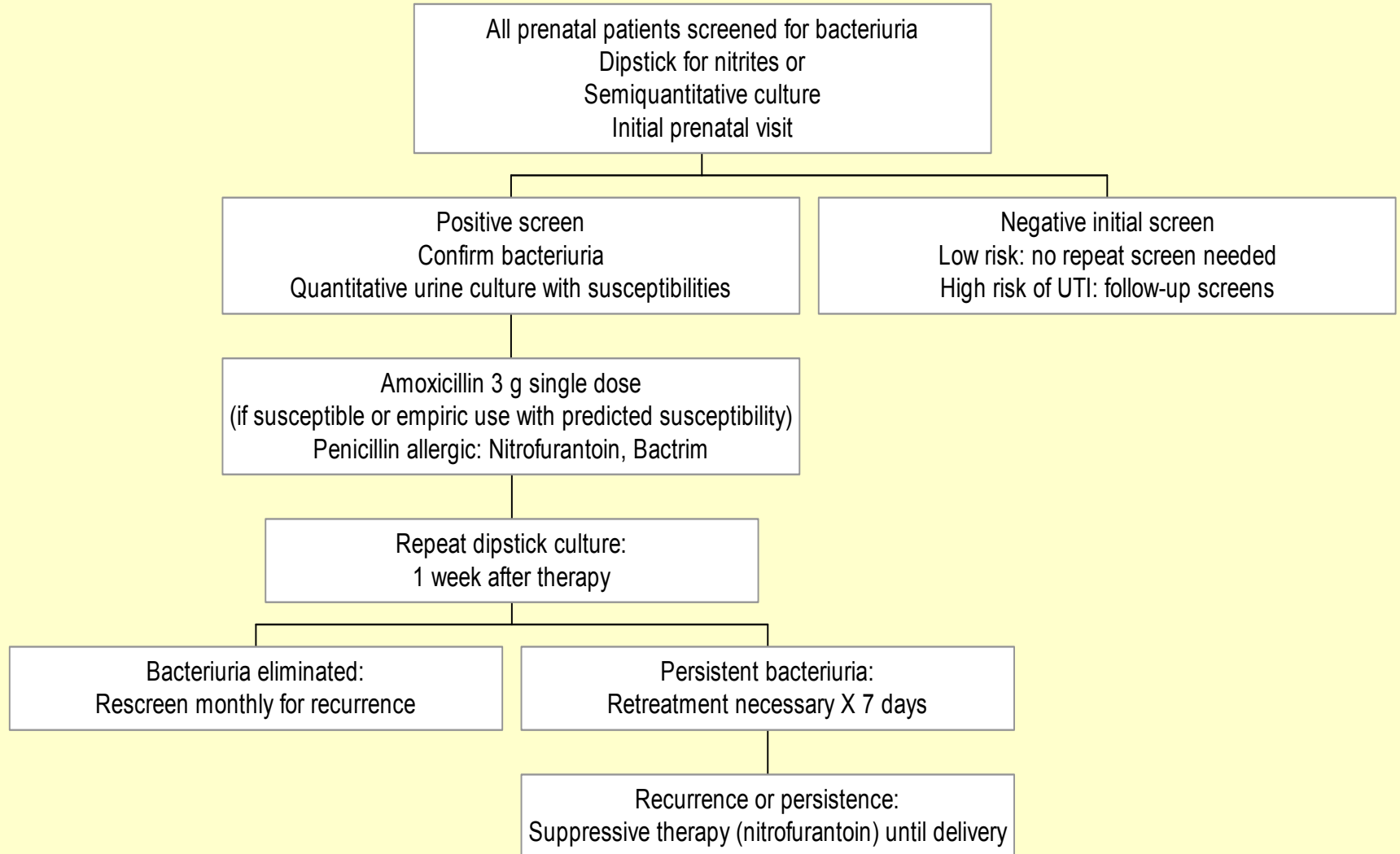
- An English - language literature search, employing Medline, The Cochrane Library and bibliographic review of the references obtained, was performed.

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STUDY SELECTION:

- There was analyzed only the identified studies dealing with treatment of bacteriuria in pregnancy .
- Comparison of the results of single-dose treatment of urinary tract infections in pregnant women is confused by differences between published series in the duration of follow-up and in the diagnosis of infection.

Figure 1. Management of asymptomatic bacteriuria



Effective regimens for asymptomatic bacteriuria in pregnancy

AMOXICILLIN	250 mg tid x 7 days 250 mg tid x 3 days 3 g single dose 3 g followed by 3 g 12 h later 2 g single dose plus 1 g probenecid	Well tolerated, extensive clinical use in pregnancy Empiric use with predicted susceptibility ; high urinary concentrations
AMPICILLIN	3.5 g single dose plus 1 g probenecid	not so effective
NITROFURANTOIN	100 mg qid x 7 days 100 mg qid x 3 days 200 mg single dose	Risk of hemolytic anemia with G6PD deficiency
SULFISOXAZOLE	1 g followed by 0.5 g qid x 7 days 2 g single dose	Associated with hyperbilirubinemia near term
CEPHALEXIN	1 g d x 3 days 2 g single dose 2 g single dose plus 1 g probenecid	Some studies report slightly lower cure rates
AMOXICILLIN / CLAVULANIC ACID	250 mg/125 mg tid x 7 days	Little experience in pregnancy, expensive
TRIMETHOPRIM (TMP) SULPHAMETHOXAZOLE (SXT)	TMP 320 mg/SXT 1600 mg x 1 dose or 3 days	Use with caution in pregnancy because of question of tera-
FOSFOMYCIN TROMETAMOL	3 g single dose	little experience in pregnancy
OFLOXACIN	100 mg tid x 3 days	well tolerated

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Discussion

- **The important issue:**
 - the single-dose therapy as effective as short-term treatment
 - the proof of the elimination of bacteriuria

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- **Advantages of single-dose therapy:**
 - increasing of the patient compliance
 - reduced cost
 - reduction in side effects
 - increased safety
 - minimal medication

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- Appropriate antimicrobial drugs:
 - penicillins
 - cephalosporins
 - nitrofurantoin

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Conclusions

- the single dose therapy = good choice
- therapy guided by antimicrobial susceptibility
- the estimated cure or failure by urine culture one week after