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Comparison of prophylaxis protocols against recurrent urinary tract infections in kidney transplant recipients

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INTRODUCTION

The control of urinary tract infection (UTI) through various protocols aims to avoid related complications so as not to compromise the prognosis of renal transplantation (TX).

The objective is to know the prophylaxis protocols against the RUTI in renal transplant patients in the usual clinical practice and the results.

MATERIAL AND METHODS

Retrospective study of 1845 transplant recipients in 4 general hospitals.

- Group A: patients who developed UTI after surgery;
  - Subgroup A1 (n=324): antibiotic on demand
  - Subgroup A2 (n=45): Ab on demand + Manosar
  - Subgroup A3 (n=18): suppressive Cotrimazol + Ab on demand
  - Subgroup A4 (n=63): suppressive Cotrimazol
  - Subgroup A5 (n=81): polyvalent bacterial sublingual vaccine Uromune
  - Subgroup A6 (n=864): other prophylactic treatment
- Group B: patients who did not developed UTI after surgery;
  - Subgroup B1 (n=224): Ab on demand without microbiological confirmation
  - Subgroup B2 (n=18): Suppressive Ab treatment
  - Subgroup B3 (n=207): no treatment (on demand or prophylaxis).

Variables investigated: age, gender, BMI, secondary diagnoses with special interest in autoimmune or chronic inflammatory disorders, physical examination, complementary studies, ICIQ-SF questionnaire.

Statistical analysis: descriptive statistics, ANOVA, Student's t-test, Fisher's exact test. $p<0.05$ was considered statistically significant.

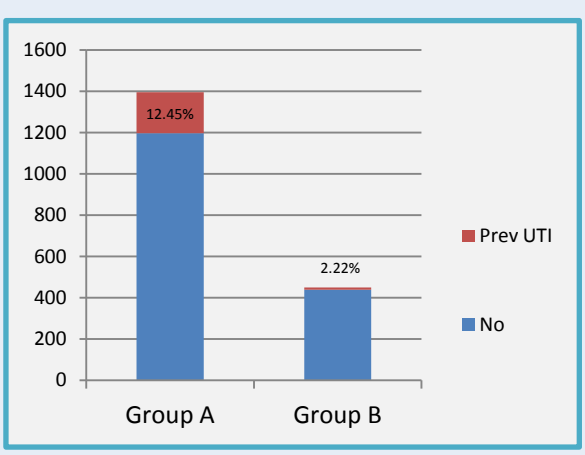
RESULTS

Antibiotic treatment was indicated as required, plus antibiotic prophylaxis in continuous regimen, in transplanted patients of younger age compared to the elderly.

The patients in whom antibiotic as required, was indicated plus continuous antibiotic prophylaxis, were all male. Women received more frequently (66%) polyvalent bacterial vaccine against antibiotic as required (44%).

In GA there was a high prevalence of hypertension, with differences between the different management groups of the UTIs: polybacterial vaccine (98.76%), antibiotic as required (80.24%), continuous prophylactic antibiotic (69.84%), diverse (66.66%), antibiotic as required, plus continuous antibiotic prophylaxis (44.44%) and finally, lower in the group that received antibiotic as required more mannose (17.77%).

The polyvalent bacterial vaccine was indicated in patients in whom a higher risk of infection or complicated infection was suspected (higher pretransplant UTI).



Uromune ® favours immunoactive prophylaxis using a suspension of inactivated complete cells of differents strains of *Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis* and *Enterococcus faecalis*. The avoidance of continuous antimicrobial treatment may prevent the appearance of antibiotic-resistant strains.

CONCLUDING MESSAGE

✓ In patients with post-transplant UTI, 14.83% received treatment or prophylaxis similar to that used in repeat UTI (rUTI) in non-transplant patients, while 23.22% of them were managed with sporadic UTI criteria.

✓In usual clinical practice, there are several effective prophylaxis protocols without differences in the results.