

The burden of thrush when using long term antibiotics for chronic UTI at the LUTs clinic

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Background

Chronic UTI is now an emerging diagnosis however treatments are still limited. Our service is a Tertiary centre, which is part of a translational research centre, treating patients with long term antibiotics and methenamine hippurate. Treatment response is monitored through symptom response and fresh urine microscopy. The urinary white cells, epithelial cells, red cells and yeasts are looked at. The candida on microscopy is reported as few, moderate or many. The present practice at the clinic is to treat the patients for candida based on their symptoms.

Objectives

- To understand the prevalence of thrush in our cohort of patients
- To determine the strategies that were used for treatment in this group.
- To look for parameters of thrush that can predict the presence of thrush
- To look for the presence of fungal cultures.

Methodology

Retrospective analysis of all patients seen in the Fellows clinic in October 2022

Data from patient records held in Medway

Exclusions- patients without a urine analysis in October

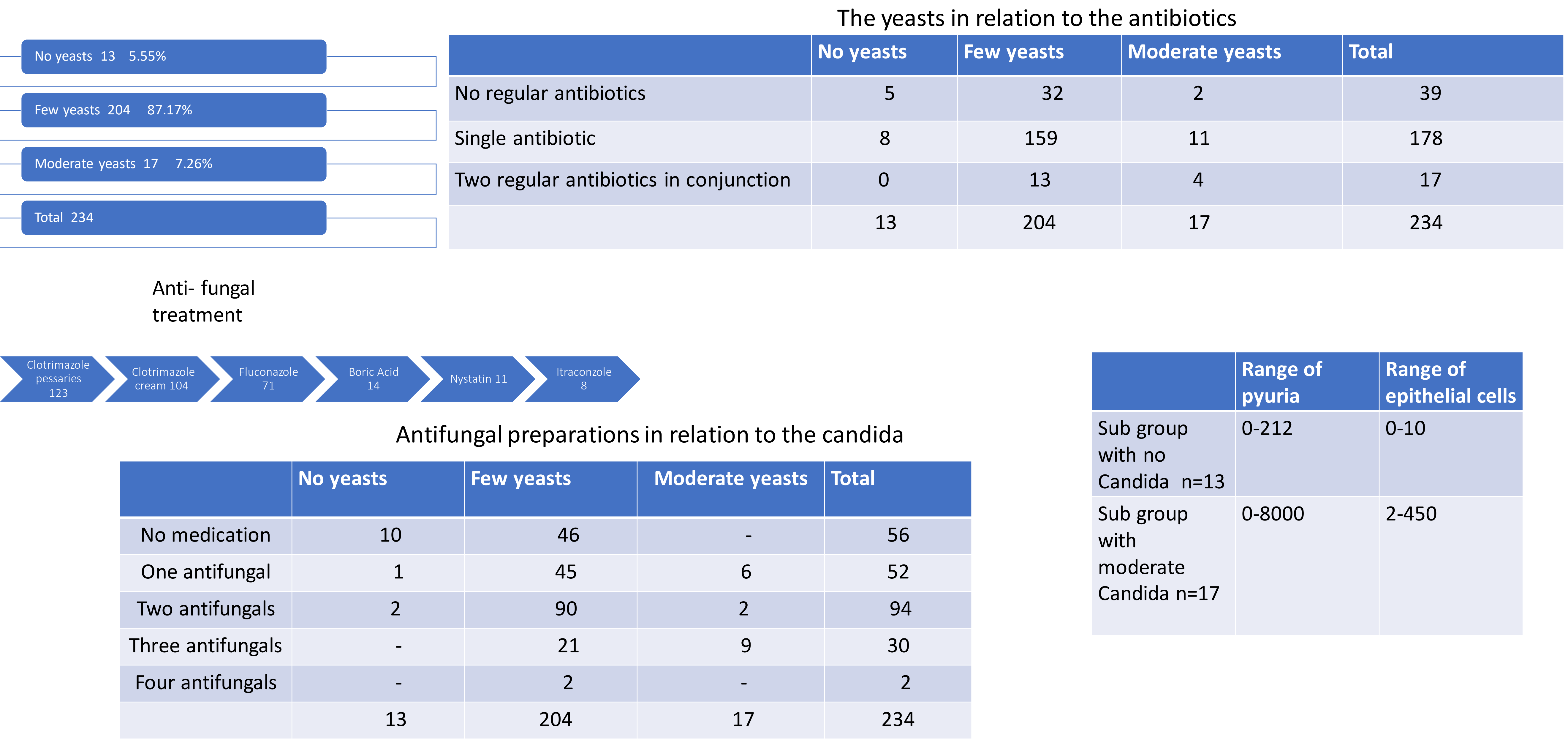
Patients with bladder malignancies

n=234.

Limitations lie in the difficulty in assessing what the presence of candida precisely means.

The interpretation can range from contamination to asymptomatic candida to symptomatic candiduria. Conversely the absence of detectable thrush on microscopy doesn't not exclude the presence of thrush.

Results/ Analysis



Conclusions

Most patients had a few yeasts and main treatment was with clotrimazole pessaries and cream.

There was no correlation between high epithelial cells or pus cells in predicting thrush.

Only 3.85% of the entire cohort had moderate thrush needing 3 antifungals.

Less than 0.85% were on 4 antifungals.

0.8% with moderate thrush were not on antibiotics and 1.7% of the cohort with moderate thrush were on two antibiotics.

23.9% were not on antifungal medication.

There were no positive fungal cultures

We therefore need to consider prevention for vaginal candidiasis when on long term antibiotics.