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2014 PAS/ASPR Joint Meeting

Subspecialty: Emergency Medicine
Theme: Hospitalist Medicine

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Study Group associated with your submission (if applicable):
Group for the Study of the Young Febrile Infant of RISeuP-SPERG Network

QUESTIONNAIRE INFORMATION

Eastern Society for Pediatric Research: No, Do not consider this abstract for the Eastern SPR
Pediatric Hospital Medicine: No, Do not consider this abstract for presentation at the Pediatric Hospital Medicine, July 24-27, 2014
Research Type: Clinical
Presentation Sabbath Conflict on: N/A
APA Special Interest Groups, Committees or Regions: None

AWARDS APPLIED FOR:

APA Michael Shannon Research Award, ASPN Fellow Research Presentation Award

Title: ***Importance of Urine Dipstick in Evaluation of Febrile Infants with Positive Urine Culture. An Spanish Pediatric Emergency Research Network's (RISeuP-SPERG Study)***

Roberto Velasco, MD[1], Helvia Benito, MD[1], Rebeca Mozun, MD[1], Juan E Trujillo, MD[1], Pedro A Merino, MD[2] and Group for the Study of the Young Febrile Infant of of RISeuP-SPERG Network[3]. [1]Pediatrics, Rio Hortega University Hospital, Valladolid, Spain; [2]Intensive Care Unit, Rio Hortega University Hospital, Valladolid, Spain and [3]SEUP, Madrid, Spain.

Background: Guidelines from the American Academy of Pediatrics (AAP) define a urinary tract infection (UTI) as the growth of >50000 ufc/ml in a urine culture (UC) of a single bacterium with an altered urine dipstick (UD) or urinalysis associated

Objective: To compare analytical and microbiological characteristics of febrile infants depending on the result of the UD and the UC

Design/Methods: Subanalysis of a prospective multicenter study developed in 19 Spanish Pediatric Emergency Departments members of the RISEUP-SPERG Network, including infants less than 90 days old with fever without source attended between Oct'11 and Jun'13.

UD was considered positive if there was a positive leucoesterase or nitrite test. Patients with an invasive bacterial infection (IBI -positive blood or cerebrospinal fluid culture-) not secondary to UTI were excluded.

Results: 3,235 infants were included. Table 1 shows characteristics of patients. Only patients in group 6 would be classified as UTI according to AAP guidelines. Among patients with an altered UD, infants with a UC>50,000 ufc/mL were similar to those with a UC 10,000-50,000 ufc/mL in relation to the isolated bacteria and the blood biomarkers. Patients with a normal UD and a positive UC show an inflammatory response similar to those with a negative UC.

	1	**2**	**3**	**4**	**5**	**6**
Mean (CI95%)	**Negative UD and negative UC**	**Positive UD and negative UC**	**Negative UD and UC 10000-50000 ufc/ml**	**Negative UD and UC >50000 ufc/ml**	**Positive UD and UC 10000-50000 ufc/ml**	**Positive UD and UC >50000 ufc/ml**
n	2230	135	51	92	53	474
***E. coli* (%)**	-	-	23 (47.9)	50 (55)	43 (81.1)	430 (91.1)
Associated IBI (%)	-	-	2 (3.92)	2 (2.17)	1 (1.89)	35 (7.38)
PCT (ng/ml)	0.45 (0.22-0.69)	1.08 (0.14-2.03)	0.52 (0-1.96)	0.35 (0-1.49)	3 (1.51-4.49)	3.56 (3-03-4.09)
CRP (mg/L)	10.96 (9.75-12.18)	24.56 (19.62-29.51)	15.32 (7.27-23.37)	19.42 (13.43-25.41)	41.08 (33.16-49.01)	56.23 (53.58-58.89)

In patients in groups 3, 4 and 5 with bacteremia, the same bacterium was isolated in blood and urine cultures. Four of them were <15 days old.

Conclusions: The cut-off of 50,000 ufc/mL to diagnose a UTI should be reevaluated. Patients older than 15 days old with a negative UD and a positive UC should be managed individually as many of them could be asymptomatic bacteriurias.

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