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When do we need a prophylactic treatment for asymptomatic bacteriuria?

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Asymptomatic bacteriuria (AB) is a risk factor for severe infections, especially for postmenopausal women with diabetes mellitus. It is still a problem to find a solution for a reason to treat AB in these cases. The literature shows that particularly antibacterial therapy shows only a limited efficacy in such patients. Kasyan et al. performed an interesting study to find answers to these questions. The aim of that study is quite interesting: looking for the need of a prophylactic treatment with Estriolin. The role of estrogen in the treatment of postmenopausal patients with urinary tract infections is known, and the sense of that treatment in combination with antibiotics for symptomatic infections is in use. Beside that, it would be interesting to know if a local application of estrogen could reduce the incidence of asymptomatic urinary tract infections. Not only the design of the study by Kasyan et al. is fine, but much more the results are important, although the group of treated patients is not as big as it could be. The meaning of that problem is determined, first of all, both by high prevalence of AB among women and also by high prevalence of type 2 diabetes among postmenopausal women. Whether this kind should be treated or not, is dependent on the risk to get a symp-

tomatic infection and / or development of upper urinary tract infections. Regarding the current data on development of complications in AB, the need to treat AB for prevention and especially perform prevention in general should be actively discussed.

Boyoko et al. presented a representative serial of diabetic and non-diabetic postmenopausal women looking for the risk of urinary tract infection and AB. They could conclude that postmenopausal women with diabetes have higher risks of urinary tract infection and / or AB in relation to diabetes duration and severity.

In this actual study Kasyan et al. found that a significant reduction in the incidence of AB in patients receiving local estradiol could be observed. In conclusion this prophylactic treatment should be in mind especially in risk patients. As far as we know that diabetes mellitus is a risk factor for AB and according to that for symptomatic infections of the lower or upper urinary tract in general, the results of this study underline the importance of such a treatment.

Haring read recent literature and considering all the information and the results of this actual study, a prophylactic application of estradiol could be recommended.

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