

Original Article

Microbiological Analysis of Uropathogenic Bacteria in Female Patients**Memona Ali¹, Maida¹ and Muhammad Asim Bilal²***Tertiary Care Hospital, Lahore¹⁻², University of Wales UK^{3*}***Abstract**

Introduction: Diabetes is a big is factor for urinary tract infections (UTIs). UTI is more common, more severe, and has a worse fruit in patients with type 2 diabetes (T2D). Frequent host factors that accelerate the risk of her UTI in diabetic's toxic include age, metabolic control, and marathon convolution (mainly diabetic nephropathy and sac intimacy).

Methodology: Women with diabetes have a high errand more complicated risk of urinary tract contagion than women without diabetes. The development of resistance of urinary tract organisms to antibiotics is am major crisis that limits the use instrumentality for the treatment of UTI.

Results: This study was conducted to investigate the prevalence, risk factors and microbes of urinary tract infections found in local female patients in Pakistan. Isolated bacteria were identified according to standard microbiological tests and subjected to antibiotic susceptibility testing according to the routine procedure of the disc agar diffusion technique. Our results suggest that her type 2 diabetic patients presenting with the identified risk factors.

Conclusion: Before prescribing antibiotics to diabetic patients with urinary react infections, drug susceptibility testing should be performed.

Keywords: Urinary Tract Infection (UTI), Disk Agar Diffusion, Antibiotic-resistance.

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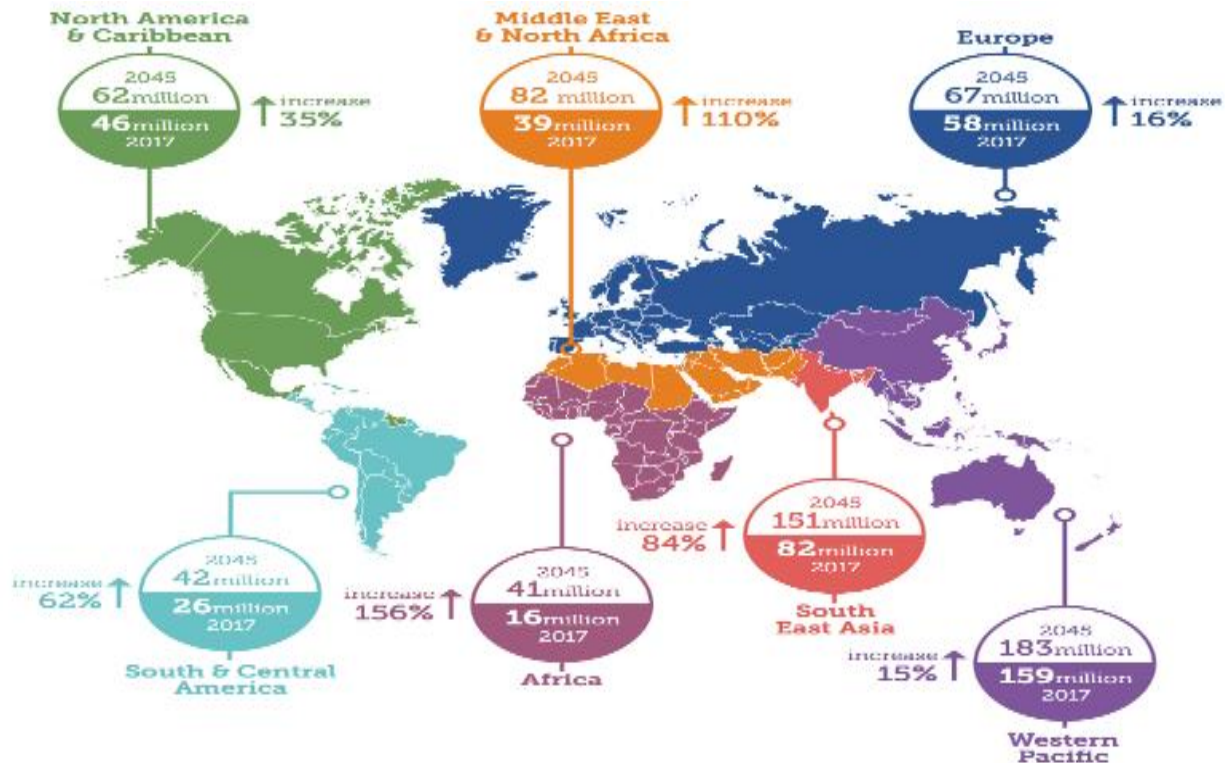
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Introduction:

The organisms involved in major number of cases of UTI are enteric gram negative bacteria like Escherichia coli, Staphylococcus aureus, Klebsiella spp., Proteus spp., Enterococcus spp., and Enterobacter spp. Results also suggest that UTI is more prevalent in females as compared to the males.

phase of their UTI “urinary tract infection”. This would possible be reason to several but bulky factors and reasons, including while adding multiple and numerous courses of antibiotic therapy that are administered to these patients, and results may suggest that GLOBAL PREVALENCE

Patients with diabetes are more prone to have error creator and forced pathogens as



Methodology:

Sampling:

Samples collection was done from Health center of University of the Punjab.

Laboratory investigation:

The pH, color of the urine and the patients history was noted.

Specimens were cultured on Cysteine Lactose Electrolyte Deficient Agar (CLED)-Agar

Identification and characterization of bacteria was done

Biochemical Testing:

- Gram staining,
- Catalase test,
- Oxidase test,
- DNase test,
- Motility test, Indole test

- Urease & M/V test

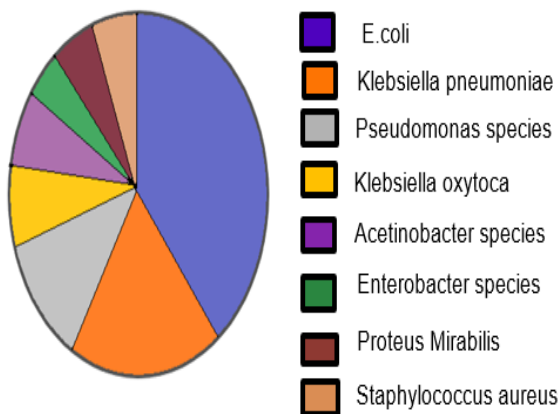
Antibiotic sensitivity:

To determine the resistance/susceptibility pattern of isolated uropathogens

RESULTS:

Organism	Male	Percentage	Female	Percentage
Gram positive	0	0	2	3.81
Gram negative	24	33.8	41	57.6

Table 1: Frequency of Different pathogen



Prevalence of Identified isolates

Table2: Organisms grown in Culture

Complicated UTIs in patients who have diabetes include renal and perirenal abscess, emphysematous pyelonephritis, emphysematous cystitis, fungal infections, xanthogranulomatous pyelonephritis, and papillary necrosis. The organisms involved in major number of cases of UTI are enteric gram negative bacteria like Escherichia coli, Staphylococcus aureus, Klebsiella spp., Proteus spp., Enterococcus spp., and

Discussion and conclusion:

Enterobacter spp. Results also suggest that UTI is more prevalent in females as compared to the males.

Patients with diabetes are more prone to have error creator and forced pathogens as phase of their UTI “urinary tract infection”. This would possible be reason to several but bulky factors and reasons, including while adding multiple and

numerous courses of antibiotic therapy that are administered to these patients, and results may suggest that Urinarytractinfectionsaremorecommonin skin tthaninchappies.Insuchcocoon,antibioticdoct oringusuallyprop (up)tomakethebacteriamorecompeting.Treat mentshouldbeacclimatedaccordingtothesever ityofinfectionandcultureresults.Furtherresear chisneededtoimprovethetreatmentofpatients withtype2diabetesandUTI.

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