ABSTRACT

Introduction
Urinary tract infections are one of the most common clinical illnesses in developing countries. Most of the infections are treated empirically due to unavailability of laboratory facilities. Fluoroquinolones are frequently used for empirical treatment of UTIs.

Objectives
This study was aimed to determine prevalence and antibiotic resistance pattern of bacterial uropathogens, especially to fluoroquinolones.

Methodology
This hospital based cross sectional study was carried out from September 2019 to January 2020 at Manipal Teaching Hospital, Pokhara, Nepal. A total of 2450 mid stream urine samples were included in this study. Isolation, identification and antibiotic susceptibility testing of the isolates was performed by standard microbiological techniques.

Results
Significant bacteriuria was detected in 258 (10.5%), in significant bacteriuria in 614 (25%), growth of multiple organisms in 238 (9.7%) while no growth was recorded in 1340 (54.7%) samples. E.coli was the commonest isolate followed by Klebsiella species. Fluoroquinolones resistance among Gram negative isolates was high. Most of the Gram negative isolates were susceptible to amikacin, gentamicin, nitrofurantoin and imipenem.

Conclusion
High resistance to fluoroquinolones, cotrimoxazole and cephalosporins dictates these to be unsuitable for empirical treatment of UTIs. Amikacin, gentamicin, nitrofurantoin and imipenem were the most effective antibacterials.

KEYWORDS
Antibiotic resistance, bacteriuria, fluoroquinolones, uropathogens, UTIs
INTRODUCTION

Urinary tract infections (UTIs) are one of the commonest clinical conditions affecting all age groups in community as well as hospital settings. Approximately 150 million people suffer from UTIs every year, costing more than 6 billion dollars. It has been estimated that, UTIs result in 8.3 million visits to outpatient clinics, 1 million visits to emergency department and 1,00,000 hospitalization globally. The prevalence is higher in developing countries due to lower level of sanitation and living standard, poor literacy rate, undernourishment and ecological conditions.

Specific antimicrobial agents are essential for successful treatment of UTIs. It has been estimated that, UTIs account for 25% of total antibiotics prescription. In majority of UTIs, broad-spectrum antimicrobials such as cephalosporins, fluoroquinolones and aminoglycosides are prescribed before urine culture and sensitivity test. Fluoroquinolones (ciprofloxacin, norfloxacin and ofloxacin) have been the drugs of choice for empirical treatment of UTIs due to promising effect and ease of administration. Excessive prescription of fluoroquinolones in past few years has led to increased resistance worldwide, particularly among Gram negative organisms. This is serious public health issue particularly in the developing countries like Nepal.

Fluoroquinolones are the class of antimicrobial agents in clinical use that directly inhibit the bacterial DNA synthesis. Fluoroquinolones act by inhibiting two different bacterial enzymes, essential for DNA replication, DNA gyrase and topoisomerase IV. This result into bacterial DNA damage and cell death.

Due to lack of infrastructure and trained laboratory workers, urine culture and sensitivity is not routinely performed in many laboratories of Nepal. This results into improper diagnosis and forces clinicians to resort to empirical antibiotic treatment. Etiological agents of UTIs and antibiotic susceptibility patterns vary with population, geographical area and existing environmental conditions. The knowledge regarding prevalence of organisms and antibiotics susceptibility trends is essential for prescribing appropriate therapy at local, regional and national level. Therefore, it is important to regularly monitor the susceptibility pattern of pathogens in order to devise appropriate antimicrobial therapy.

This study was planned to investigate the resistance pattern of uropathogens with special attention to fluoroquinolones.

METHODOLOGY

Study design

This hospital based cross sectional study was carried out over a period of five months from September 2019 to January 2020 at Manipal Teaching Hospital, Pokhara, Nepal. Manipal Teaching Hospital is 750 bedded, multispecialty referral center of Western Nepal. Approval from the Institutional Ethical Committee (IRC) of Manipal College of Medical Sciences (MCOMS), Pokhara, Nepal, was obtained before the commencement of the study. Sample size was calculated by formula N = Z^2pq/d^2.

Inclusion criteria

All mid stream urine samples from patients suspected of UTI were included in the study.

Exclusion criteria

Patients on antibiotics were excluded from the study. Urine samples collected from catheter bags were also excluded.

Specimen collection, transportation and processing

Mid stream urine samples were collected from out patients and admitted patients of MTH. Samples were immediately transported to the Microbiology laboratory for processing and preserved in refrigerator at 4°C in case of delay in processing.

Isolation and Identification of Bacterial Isolates

Urine samples were inoculated on MacConkey agar (Hi Media, Mumbai, India) plates using standard calibrated loop. Inoculated plates were incubated at 37°C. Identification of the isolates was performed by standard microbiological techniques such as colony morphology, Gram stain, IMViC test, catalase test and coagulase test.

Antibiotic Susceptibility Test

Antibiotic susceptibility testing of the isolates was performed on Mueller Hinton agar (Hi Media, Mumbai, India) by the Kirby–Bauer disc diffusion method. Bacterial isolates showing resistance to at least one agent in three or more antimicrobial categories were labeled as multi drug resistant (MDR). Methicillin resistance in Staphylococcus aureus (MRSA) was screened by the cefoxitin (30 μg) disc diffusion method.

Statistical Analysis

The association between variables was explored by the chi-square test using SPSS 11.5. A p value ≤ 0.05 was considered significant.

RESULTS

A total of 2450 urine samples were cultured, 831 (33.9%) from male and 1619 (66.1%) from female patients. The age group of the patients ranged from 2 months to 91 years with a mean age 45.68 years (SD: 24.67). Urine culture revealed significant bacteriuria in 258 (10.5%), insignificant bacteriuria in 614 (25%), growth of multiple organisms in 238 (9.7%) and no growth in 1340 (54.7%) samples as shown in Figure 1. Significant bacteriuria among females was 66.2% (171/258) and 33.8% (87/258) in males. Details of distribution of bacterial isolates are depicted in Table 1. Majority of the bacterial isolates 87.2% (225/258) were Gram negative and only 12.8% (33/258) were Gram positive. Among the uropathogens, 10.3% (181/1746) isolates were Gram negative organisms. This is a serious public health issue particularly in the developing countries like Nepal.

In Table 1, the prevalence of the most common uropathogens was depicted. The Gram negative isolates were dominated by Escherichia coli 46.9% (121/258) followed by Proteus mirabilis 13.2% (34/258) and Klebsiella pneumoniae 10.9% (28/258). Gram positive isolates were mainly Staphylococcus aureus 67.8% (77/113) and Enterococcus faecalis 22.4% (25/113).

(Continued on the next page)
Anbioc susceptibility test results revealed that, most of the Gram negative isolates were susceptible to amikacin, gentamicin, nitrofurantoin and imipenem. Resistance to cotrimoxazole, cefipime, ceftiofur, ciprofloxacin and norfloxacin was high. Anbioc resistance pattern of Gram negative isolates is shown in Table 2. Among 225 Gram negative isolates, 38.2% (86/225) were MDR. Most of the Gram positive isolates were susceptible to amikacin, gentamicin and vancomycin. Out of 16 S. aureus isolates, 31.2% (5/16) were MRSA. Among 33 Gram positive isolates, 18.2% (6/33) were MDR. Anbioc resistance pattern of Gram positive isolates is shown in Table 3.

Fluoroquinolones resistance was highest among isolates from >60 years age group. The age wise distribution of the isolates and fluoroquinolones resistance is shown in Table 4. Fluoroquinolones resistance among inpatient isolates was 63.6% (49/77) which is higher than outpatient isolates 43% (78/181). This difference was statistically significant (P value <0.05). Among the fluoroquinolones resistant uropathogens (n=127), majority of the isolates (71/127) were from the referred patients.

**DISCUSSION**

Urinary tract infections are one of the most commonly diagnosed conditions in the laboratory. Antimicrobial resistance pattern of uropathogens has changed over a period of time and increasing resistance has been reported globally. Drug resistance among uropathogens is often associated with increased cost, poor outcome and recurrence. The contributory factors include extensive use of antimicrobial agents, hospitalization, diagnostic and therapeutic procedures. Periodic surveillance of antibiogram of uropathogens at local, regional and national level is necessary to understand the dynamics and devise antibiotic policy/stewardship.

This study highlights the distribution and antibiotic resistance patterns of bacterial uropathogens. Significant bacteriuria was detected in 10.5% (258/2450) cases. Prevalence of significant bacteriuria depends on various factors like age group, socioeconomic status, antimicrobial therapy, laboratory techniques of isolation etc. Baral et al
from Kathmandu, Nepal, reported 30.8% significant bacteriuria which was higher than our findings.19 Manipal Teaching Hospital being referral hospital, many patients are referred from other hospitals and clinics after primary treatment. This could be associated with lower percentage of significant bacteriuria in our study as previous antibiotic treatment has direct impact on bacterial count. Female patients comprised 66.2% of total cases of significant bacteriuria, reflecting higher risk of UTIs among female. The higher prevalence among females is due to the anatomical structure and lack of secretions from prostate which has bactericidal property.15,16 Similar findings have been reported by studies from Nepal and other countries.14,17 The commonest uropathogen in our study as reported elsewhere was E. coli (53.5%) followed by Klebsiella species (15.9%).18,19 E. coli and Klebsiella species together accounted for 69.4% of all uropathogens. In our study, highest percentage of uropathogens was recorded among older age group (>60 years) population followed by reproductive age group of 21-40 years. Yadav et al, from Nepal reported highest percentage of uropathogens among reproductive age group of population.19

Increasing drug resistance among E. coli and Klebsiella species is serious issue which requires continuous surveillance and monitoring. The antibiotic susceptibility test results revealed that, Gram negative isolates were highly sensitive to gentamicin, amikacin, nitrofurantoin and imipenem. Antibiotics like cotrimoxazole, ciprofloxacin and norfloxacin were less effective. Increasing resistance of uropathogens to fluoroquinolones is alarming. Fluoroquinolones like ciprofloxacin, ofloxacin have been extensively used in past few years not only to treat UTIs but wide variety of other bacterial infections. In our study, resistance of E. coli to fluoroquinolones was high (ciprofloxacin 60.1% and norfloxacin 59.4%) indicating these drugs are not suitable for empirical treatment of UTIs. Baral et al, reported lower resistance (36%) of E. coli to fluoroquinolones18 while Sherchan et al, reported higher resistance (68.57%).20 This reflects that, resistance pattern of the uropathogens vary greatly in different settings and findings of particular setting cannot be generalized. Based on the findings of our study, nitrofurantoin can be an alternative drug for empirical treatment of UTIs among outpatients as well as inpatients. Nitrofurantoin can be administered orally and is highly concentrated in urine; it may therefore be the most appropriate agent for empirical use in uncomplicated UTIs.

Our study highlights the increasing number of multidrug resistant uropathogens among outpatients and inpatients. Among Gram negative bacteria, 27% (49/181) were MDR in outpatients and 48% (37/77) from admitted patients. This difference was statistically significant (P value <0.005). The majority of MDR strains were resistant to commonly prescribed antibiotics like cotrimoxazole, fluoroquinolones and cephalosporins. Association of MDR strains with UTIs may result into treatment failure and recurrence. In our study, 38.4% E. coli isolates were MDR. Findings of our study are comparable with study by Baral et al, reported 38.2% MDR E. coli isolates from urine samples.21 High incidence of MDR among the commonest uropathogen like E. coli results into poor outcome with traditional empirical therapy. High resistance to broad spectrum antibiotics like cephalosporins and fluoroquinolones with emergence of MDR strains necessitates the use of carbapenems as a drug of choice. However, emergence of imipenem resistant isolates limits the treatment options. In our study, 2.2% isolates of E. coli and 4.8% Klebsiella species were resistant to imipenem. Another study from Nepal, reported emergence of imipenem resistant E. coli.16,20 In developing countries like Nepal, improper use and easy access of antibiotics with poor monitoring of antibiotic resistance pattern, results in high percentage of resistance to commonly prescribed drugs.

Staphylococcus aureus was the most common Gram positive bacteria and 31.2% isolates were MRSA. Another study from Nepal reported higher percentage of MRSA (47.61%) among uropathogens.18 Similar studies from India reported higher percentage of MRSA as compared to our study.21,22 Lower percentage of MRSA in our study could be associated with higher number of community acquired S. aureus isolates. Resistance to vancomycin was not recorded.

CONCLUSION
High prevalence of fluoroquinolones resistance among uropathogens was observed. Fluoroquinolones, therefore are not suitable options for empirical treatment of UTIs among the patients of tertiary care hospital. Based on susceptibility test results, amikacin, gentamicin and nitrofurantoin provide better treatment options in resource limited settings. Regular surveillance of MDR isolates in different regions would help to understand the changing trends of resistance pattern of uropathogens and the successful management.

RECOMMENDATIONS
Fluoroquinolones should not be used for empirical treatment of UTIs in Western region of Nepal. Amikacin, gentamicin and nitrofurantoin could be used for empirical treatment.

LIMITATION OF THE STUDY
Minimal inhibitory concentration of the fluoroquinolones was not performed.

ACKNOWLEDGEMENT
We are thankful to all the staffs of Microbiology Department, Manipal Teaching Hospital, Pokhara, Nepal for their help and support.

CONFLICT OF INTEREST
Authors declare that there is no conflict of interest.

FINANCIAL DISCLOSURE
None
REFERENCES


17. Pradhan B, Pradhan SB. Prevalence of Urinary Tract Infection and Antibiotic Susceptibility Pattern to Urinary Pathogens in Kathmandu Medical College and Teaching Hospital, Duwakot. BJHS. 2017; 2 (1):134-137. DOI: http://dx.doi.org/10.3126/bjhs.v2i1.17290


