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VIDEO URODYNAMICS IN FEMALE PATIENTS WITH RECURRENT URINARY TRACT INFECTIONS

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Introduction

Urinary tract infections (UTIs) are among the most common outpatient infections¹. Video Urodynamics (vUDS) findings in patients with recurrent urinary tract infections (rUTIs) are poorly described². The benefits of these investigations are contentious, as acute UTIs are a known complication of vUDS³.

Objective

This study aimed to compare vUDS findings of patients with and without a history of rUTIs.

Methods

vUDS findings of 2010 women over the age of 18 were retrospectively reviewed. Patients with known neurogenic lower urinary tract dysfunction were excluded. Demographic, past medical and surgical history, pelvic examination and urodynamic studies were compared between women with and without a self-reported history of rUTIs.

Results

A total of 2010 cases were included; 240 (11.9%) had a history of rUTIs and 1770 without (controls). There was a homogeneous population with similar demographics, past medical and surgical history. Dyslipidaemia was more common in women with a history of rUTIs 11.9% versus 6%, OR 2.1, (1.3 – 3.5, 95% CI). Q_{max} was similar in both cohorts. Women with rUTI were more likely to have urinary residual >100ml; 15% versus 8.2%, OR 2.0, (1.3 – 2.9, 95% CI). MUCP was higher in the rUTI cohort 46.8 [28.8 versus 27.4 [20.9, (p = 0.018). There was no statistically significant difference in bladder capacity and compliance. Although there was no difference in frequency between groups, 35.7% vUDS of women with rUTI demonstrated detrusor overactivity, 14.2% had abnormal bladder morphology on video imaging, and 22.8% had a stage 2 or greater urogenital prolapse.

Conclusion

Women with a history of rUTI have an increased risk of voiding dysfunction. This study demonstrates that vUDS evaluation may benefit women with a history of rUTI, as co-existing or alternative diagnoses such as detrusor overactivity and pelvic organ prolapse were common and follows a different treatment pathway.

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