

Study and treatment of the couple in post-coital urinary tract infection in women[☆]

Estudio y tratamiento de la pareja en ITU poscoital de la mujer

Dear Editor,

Recurrent uncomplicated urinary tract infections (UTIs) are frequent among healthy young women.¹ In some women, there is a clear relationship with sexual activity; the frequency of sexual intercourse described as an important contributing factor, and it has even been reported that women having sexual intercourse on a daily basis are at 9 times' greater risk.²⁻⁴ While changes in sexual partner during the previous year is a known risk factor, it is unusual to studied the couple.

We present the case of a 39-year-old woman with a stable partner who presented with post-coital voiding syndrome. She had no prior relevant medical history, nor repeated UTIs, and did not take oral contraceptives or use spermicide. It was discovered to have positive culture for *Escherichia coli* culture. She therefore received treatment with ciprofloxacin and became asymptomatic. Two months later, she again presented with post-coital voiding syndrome; this time, it was caused by *Citrobacter koseri*. She received treatment with fosfomycin and nutritional-hygienic measures that included post-coital voiding. After 10 months without symptoms, she again presented

with post-coital voiding syndrome, again with the *Citrobacter koseri* culture. She therefore began another course of antibiotics with fosfomycin and compliance with hygienic measures was stressed.

Three months later, when the voiding syndrome occurred again, a new culture was requested and her asymptomatic partner was studied, using a glans swab. The man's culture

Table 2 – Swab culture from male glans.

Date	02/03/2015	02/03/2015
<i>Microorganism</i>	<i>Escherichia coli</i>	<i>Citrobacter koseri</i>
<i>Resistance marker</i>		
Gentamicin	Sensitive ≤ 1	Sensitive ≤ 1
Cefalotin	Sensitive 16	Sensitive 4
Cefuroxime	Sensitive 4	Sensitive 4
Nitrofurantoin	Sensitive ≤ 16	Sensitive ≤ 16
Amoxicillin/clav.	Sensitive 8	Sensitive ≤ 2
Ampicillin	Resistant ≥ 32	Resistant ≥ 32
Nalidixic acid	Sensitive ≤ 2	Sensitive ≤ 2
Ciprofloxacin	Sensitive ≤ 0.25	Sensitive ≤ 0.25
Trimeth/sulfam	Sensitive ≤ 20	Sensitive ≤ 20
Fosfomycin	Sensitive ≤ 16	Sensitive ≤ 16

Table 1 – Bacteria in female urine cultures.

Date	18/11/2013	27/01/2014	13/11/2014	22/02/2015
<i>Microorganism</i>	<i>Escherichia coli</i>	<i>Citrobacter koseri</i>	<i>Citrobacter koseri</i>	<i>Citrobacter koseri</i>
<i>Resistance marker</i>				
Gentamicin	Sensitive ≤ 1	Sensitive ≤ 1	Sensitive ≤ 1	Sensitive ≤ 3 1
Cefalotin	Sensitive 16	Sensitive 4	Sensitive 8	Sensitive 4
Cefuroxime	Sensitive 4	Sensitive 4	Sensitive 4	Sensitive 4
Nitrofurantoin	Sensitive ≤ 16	Sensitive ≤ 16	Sensitive 32	Sensitive 32
Amoxicillin/clav.	Sensitive 8	Sensitive ≤ 2	Sensitive 4	Sensitive 4
Ampicillin	Resistant ≥ 32	Resistant ≥ 32	Resistant ≥ 32	Resistant ≥ 32
Nalidixic acid	Sensitive ≤ 2	Sensitive ≤ 2	Sensitive ≤ 2	Sensitive ≤ 2
Ciprofloxacin	Sensitive ≤ 0.25	Sensitive ≤ 0.25	Sensitive ≤ 0.25	Sensitive ≤ 0.25
Trimeth/sulfam	Sensitive ≤ 20	Sensitive ≤ 20	Sensitive ≤ 20	Sensitive ≤ 20
Fosfomycin	Sensitive ≤ 16	Sensitive ≤ 16	Sensitive ≤ 16	Sensitive ≤ 16

DOI of original article:

<http://dx.doi.org/10.1016/j.nefro.2017.03.005>.

[☆] Please cite this article as: Pavone MA, Aguilera Peralta A. Estudio y tratamiento de la pareja en ITU poscoital de la mujer. Nefrologia. 2017;37:662-663.

showed 2 germs, *Escherichia coli* and *Citrobacter*, with identical sensitivity to the patient's cultures (Tables 1 and 2). Both started treatment with single-dose fosfomycin and no further new infections developed.

The study and treatment of couples with post-coital UTI in women may be helpful in managing recurrent UTIs.

REFERENCES

1. Little P, Moore MV, Turner S. Effectiveness of five different approaches in management of urinary tract infection: randomised controlled trial. *BMJ*. 2010;340:c19, <http://dx.doi.org/10.1136/bmj.c199>.
2. Llor C, Moragas A. Tratamiento y prevención de las infecciones urinarias de repetición. *FMC*. 2011;18:146-55.
3. Hooton TM, Scholes D, Hughes JP, Winter C, Roberts PL, Stapleton AE, et al. A prospective study of risk factors for symptomatic urinary tract infection in young women. *N Engl J Med*. 1996;335:468-74.

4. Scholes D, Hooton TM, Roberts PL, Stapleton AE, Gupta K, Stamm WE. Risk factors for recurrent urinary tract infection in young women. *J Infect Dis*. 2000;182:1177-82.

Mario A. Pavone^{a,*}, Abelardo Aguilera Peralta^b

^a Servicio de Nefrología, Hospital Can Misses, Ibiza, Spain

^b Servicio de Nefrología, Hospital Universitario La Princesa, Madrid, Spain

*Corresponding author.

E-mail addresses: mpavone@asef.es, mpavone68@gmail.com (M.A. Pavone).

2013-2514/© 2017 Sociedad Española de Nefrología. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

<http://dx.doi.org/10.1016/j.nefro.2017.10.009>

TSC2/PKD1 contiguous gene syndrome[☆]

Síndrome de genes contiguos TSC2/PKD1

Dear Editor,

We present the case of a 22-month-old girl assessed by a multidisciplinary team as she had seizures that were difficult-to-manage that started when she was 6 months old and she had bilateral polycystic kidney disease. Her parents were healthy and not consanguineous. She was born as a result of her mother's second pregnancy, an unmonitored single-fetus pregnancy complicated by HELLP syndrome. She was delivered by Caesarian section after 36 weeks, required resuscitation at birth and had generalised cyanosis. Her birth weight was 1700 g (DE -3.8) and her birth length was 46 cm (DE -2.5). She was hospitalised at 8 months of age due to tonic-clonic seizures, followed a torpid course with global delay in maturation delay.

On physical examination, she had a tendency towards dolichocephaly with an unusual facies characterised by a prominent forehead; a concave nasal bridge with a flattened tip; upturned nostrils; and a short, wide philtrum. She had 7 hypochromic lesions; 2 were ash-leaf that corresponds to the largest in her lumbar region and on her left thigh (Fig. 1a).

An MRI scan showed patch-shaped multi-focal areas with hyperintense behaviour on T2 flair in both parietal

hemispheres not leading to a mass effect on the surrounding structures. A sleep electroencephalogram was abnormal due to paroxysmal activity with bursts of points and acute waves in the fronto-polar and right temporal regions. An eye ultrasound showed a raised lesion with a hypochoic internal structure in the papillary area, consistent with an astrocytic hamartoma of the optic nerve of the right eye. A transthoracic echocardiogram showed tumour in the right ventricular outflow tract suggestive of rhabdomyoma neither causing obstruction nor resulting in haemodynamic repercussions. A kidney ultrasound showed an increase in volume in both kidneys, 9.4 cm × 4.0 cm for the left kidney and 9 cm × 3.6 cm for the right kidney. It revealed the formation of fluid-filled cysts, some of which had thick walls. The largest one, in the lower pole of the right kidney, was 6 cm × 3.1 cm (Fig. 1b). A kidney profile, as well as other serum analysis, was found to be within the reference values.

DNA was extracted, and mass sequencing of the TSC1 and TSC2 genes was performed on the MiSeq (Illumina) platform. This revealed 2 polymorphisms in heterozygosis in TSC1, GAA/GAG, c.1335A>G, p.Glu445Glu and ATG/ACG, c.965T>C, p.Met322Thr with rs7862221 and rs1073123 references, respectively. A multiplex ligation-dependent probe amplification study (MLPA P337) showed a deletion in heterozygosis of the

DOI of original article:

<http://dx.doi.org/10.1016/j.nefro.2017.03.002>.

[☆] Please cite this article as: Cammarata-Scalisi F, Vidales Moreno C, Zara-Chirinos C, Bracho A, Pérez D. Síndrome de genes contiguos TSC2/PKD1. *Nefrologia*. 2017;37:663-665.