# PZ12 Clinical microbiology III – examination in urogenital infections

**To study:** special bacteriology from your own protocols

## Urinary tract infections

## Task 1: Sampling and transport of urine

According to the teacher’s explanation, tick which sentences concerning urine sampling and transportation are true/false.

|  |
| --- |
| Urine examination is recommended in non-complicated and necessary in complicated cystitis. ❒ true ❒ false |
| Microbiologists recommend the use of catheterized urine as a routine way of sampling the urine for bacteriology. ❒ true ❒ false |
| It is not important whether foreskin (prepuce – in men) or labia minora (in women) are in the way of urine stream during sampling the urine for bacteriology. ❒ true ❒ false |
| External orifice of urethra should be carefully washed and eventually also disinfected before sampling the urine for bacteriology. ❒ true ❒ false |
| The vessel into which the patient urinates should be sterile. ❒ true ❒ false |
| The test tube used for urine transportation to the laboratory should have a yellow cap. ❒ true ❒ false |
| If urine is not “routinely taken”, the order form should contain information whether it has been catheterized, punctured, or whether it is a specimen taken from a permanent catheter. ❒ true ❒ false |
| Urine from a permanent catheter is equally important for bacteriological diagnostics as the catheterized urine (just for examination). ❒ true ❒ false |
| Urine specimen should be delivered to the laboratory within 2 hours after sampling; if this is impossible, it should be kept in a refrigerator. ❒ true ❒ false |
| Urine sample is better than urethral swab in gonorrhoea diagnostics. ❒ true ❒ false |

## Task 2: Inoculation of sample of urine

Observe your teacher demonstrating for you inoculation of sample of urine (or video with the same topic, if available). Fill in empty places in the following text:

Urine sample is inoculated using calibrated loop, made of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The term “calibrated” means that it is set to specific volume, usually \_\_\_\_\_\_\_. The specimen of urine is inoculated to two media: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Instead of the second medium we could also use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. After inoculation, the specimen is incubated overnight in a thermostat at \_\_\_\_\_°C.

## Task 3: Evaluation of semiquantitative cultivation of urine

After inoculation and incubation (see Task 2), the agar plates with result of urine specimen cultivation are evaluated. The number of colonies is counted (of estimated approximately) and recounted to number of bacteria in a millilitre of the original specimen of urine.

|  |  |  |  |
| --- | --- | --- | --- |
| Number of colonies on agar | Number of bacteria in one microlitre of the original urine (µl) | Number of bacteria in one millilitre of the original urine (ml) | Interpretation |
| <10 |  |  |  |
| 10–100 |  |  |  |
| >100 |  |  |  |



Form for results of Enterotest 16:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONPG | 1H | 1G | 1F | 1E | 1D | 1C | 1B | 1A | 2H | 2G | 2F | 2E | 2D | 2C | 2B | 2A |
| + | black | blue | red | blue | red | green | black | blue | blue | yellow | yellow | yellow | yellow | yellow | yellow | yellow |
| – | colourless | green | yellow | green | yellow | yellow | colourless | yellow | yellow | green | green | green | green | green | green | green |
| ? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 | 2 | 4 | 1 | 2 | 4 | 1 | 2 | 4 | 1 | 2 | 4 | 1 | 2 | 4 | 1 | 2 |
|  |  |  |  |  |  |
| Code: | Identification | Probability % | T index |



Antibiotic susceptibility test

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AmpicillinAMP | R < 14S ≥ 14 | Chromotest URI medium | Tetracycline\*TE | R < 12S ≥ 15 |  |
| CephazolinKZ | R < 14S ≥ 18 |  | CefuroximeCXM | R < 18S ≥ 18 |  |
| Co-trimoxazole SXT | R < 13S ≥ 16 |  | NorfloxacinNOR | R < 19S ≥ 22 |  |
| NitrofurantoinF | R < 11S ≥ 11 |  |  |  |  |

write S = susceptible, R = resistant, eventually I = intermediary

\*result of this test is also valid for doxycycline

Final conclusion and recommendation for treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Task 4: Interpretation and treatment of UTI

In following table in each cell (except cells in the first column) **one term is wrong.** Add a dot to all terms you consider wrong. After that, check your choice with your teacher, and **strike through all the really false terms**.

|  |  |  |  |
| --- | --- | --- | --- |
| Clinical situation | Most likely pathogens | Drug of choice for initial therapy | Alternative drugs (allergy etc.) |
| Asymptomatic bacteriuria (ABU)pregnant women | *Escherichia coli**Klebsiella pneumoniae**Streptococcus pyogenes**Enterococcus* sp. | nitrofurantoin\*ofloxacin | amoxicillinlinezolide |
| Asymptomatic bacteriuria (ABU)other situations | no therapynitrofurantoin | no therapycefuroxime |
| Acute non-complicated cystitis (community cystitis, that means „not-nosokomial“ one) | *Clostridium* sp.*Escherichia coli**Staphylococcus saprophyticus**Klebsiella pneumoniae* | ciprofloxacinnitrofurantoin | co-trimoxazole(co-)amoxicillinvankomycincefuroxime |
| Accute pyelonephritis | *Escherichia coli**Bacteroides fragilis**Klebsiella pneumoniae**Proteus* sp. | (co-)amoxicilincefuroximenitrofurantoin | co-trimoxazolenorfloxacinimipenem |

\*except first trimester and the second haft of the third trimester

## Infections of genital system

## Task 5: Sampling methods in STIs and other infections of reproductive organs

Find suitable swabs or other sampling methods for following clinical situations (suspicions for individual diseases). For some of them more than one sampling method is suitable. Use numbers 1 to 6 and mark your choice to individual situations. Correct yourself with help of your teacher.

Bacterial vaginosis

Aerobic vaginitis

Vaginal mycosis

Gonorrhoea

Syphilis

Mycoplasma infection

Chlamydia infection

Papillomavirus infection

Numbers: 1 – Amies swab 2 – C. A. T. swab 3 – plain (dry) swab 4 – a smear on a slide 5 – clotted blood for indirect examination 6 – ulcus durum scraping for dark-field microscopy and PCR

## Task 6: Evaluation of vaginal smears

In diagnostics of vaginal infections, one very important method is microscopy. Cultivation results may be positive even when the amount of bacteria (e. g. *Gardnerella* sp.) is not significant. Therefore, microscopy is better, because we can see the ratio between various *morphotypes* of bacteria, and also other structures (epithelial cells including those with adhered bacteria – so called “clue cells”; white blood cells; yeast cells etc.). Sometimes, two smears are sent to the laboratory: one is stained by Giemsa staining (almost because of Trichomonas vaginalis diagnostics, as *T. vaginalis* cannot be Gram stained very well) and the other by Gram (especially for bacteriology).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_

Nugent score for BV:

Observe a result of a vaginal smear and draw your result in the laboratory report. Try to count the **Nugent score of bacterial vaginosis** with help of following guide:

**A. Morphotypes**

* **Morphotype *Lactobacillus*** = **robust** and long G+ rods
* **Morphotype *Gardnerella/Bacteroides*** = **subtle** Gram-negative or Gram-variable **straight** rods
* **Morphotype *Mobiluncus***= **subtle** Gram-negative **curved** rods.

Other objects (cocci, human origin cells, yeast cells) are **not counted**

**Note:** the term *morphotype* means “bacteria that look in the microscope the same as”, so not all bacteria of *Gardnerella/Bacteroides* morphotype are really either *Gardnerella* or *Bacteroides*.)

**B. The counting system (+ to ++++) – simplified**

|  |  |
| --- | --- |
| Bacteria are **extremely frequent**, they may be seen in the first moment of looking to the field | ++++ |
| Bacteria are **very frequent**, each field contains lots of them | +++ |
| Bacteria are **present in each field**, but they are not frequent | ++ |
| Bacteria are not very frequent, there are **fields with no bacteria at all** | + |
| Bacteria are **completely absent** | – |

Note: Similar system can be also used for other microscopies, e. g. sputum evaluation

**C. The proper Nugent scoring system (simplified):**

|  |  |  |  |
| --- | --- | --- | --- |
| Points added | *Lactobacillus* morphotype presence | *Gardnerella/Bacteroides* morphotype presence  | *Mobilluncus* morphotype presence |
| 0 | ++++ | –  | – |
| 1 | +++ | + | + or ++ |
| 2 | ++ | ++ | +++ or ++++ |
| 3 | + | +++ |  |
| 4 | – | ++++ |  |

So each smear may get 0 to 4 points for *Lactobacillus* morphotype (the more bacteria of this morphotype, the **less** points), 0 to 4 points for *Gardnerella/Bacteroides* morphotype presence morphotype (the more bacteria of this morphotype, the **more** points) 0 to 2 points for *Mobilluncus* morphotype presence morphotype (the more bacteria of this morphotype, the **more** points)

The criterion for bacterial vaginosis according to Nugent's criteria is a total score of 7 or more is labeled as Bacterial Vaginosis a score of 4 to 6 is called intermediate, and a score of 0 to 3 is considered normal.

*Reliability of diagnosing bacterial vaginosis is improved by a standardized method of gram stain interpretation. R P Nugent, M A Krohn, and S L Hillier, J Clin Microbiol. 1991 February; 29(2): 297–301.*

## Task 7: Evaluation of vaginal swabs

Vaginal swabs are usually cultured on blood agar, Endo agar, agar with 10 % NaCl, special blood agar for *Gardnerella vaginalis*, eventually also VL agar (anaerobic culture). As a normal flora, we can observe lactobacilli: very tiny colonies with viridation. There exist many species of lactobacilli, with different relations with oxygen, although they use to be microaerofilic. Nevertheless, sometimes they are able to grow on blood agar in normal atmosphere, sometimes in *Gardnerella* agar in an incubator with elevated CO2 concentration, and sometimes under anaerobic conditions only. Besides lactobacilli, normal finding may contain small amounts of staphylococci, *Enterobacteriaceae* and some other bacteria. Sometimes lactobacili are absent, especially in swabs taken from women after climacterium.

Dental students do not perform this task practically.