

In the *Russian Federation* in 2017, the incidence of urolithiasis was more than <u>700</u> people per 100 000 population, and its increase over the past 12 years exceeded 34%



In the *Voronezh region*, relative to the incidence of urolithiasis, there is a steady increase in the level of general morbidity (about *500* cases per 100 000 population)



The aim of the research is

✓ to assess the validity of the administration
of antibacterial drugs in patients with acute
urolithiasis

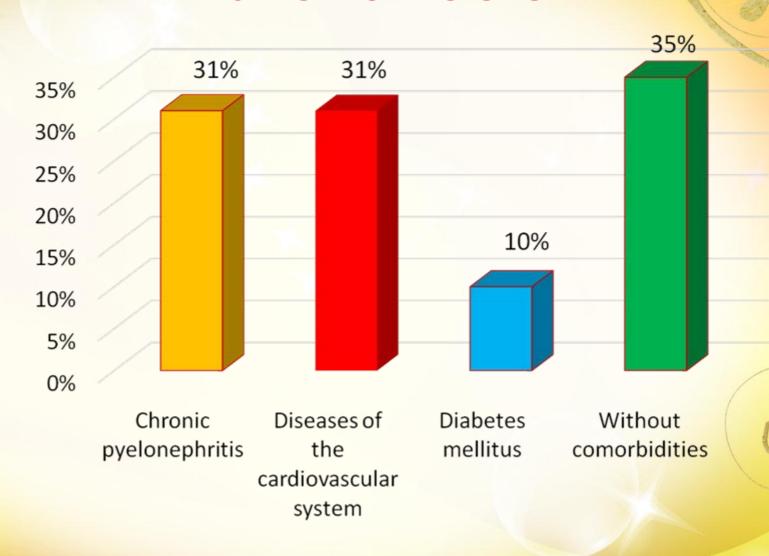


Research materials and methods

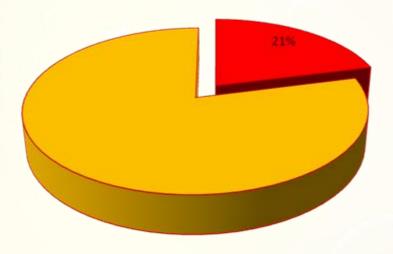
✓ retrospective analysis of *150* case histories of patients Hospitalized in the Urological Department of Voronezh Emergency Care City Clinical Hospital № 10 with a diagnosis of *urolithiasis* in *2019*



Comorbidities in patients with urolithiasis

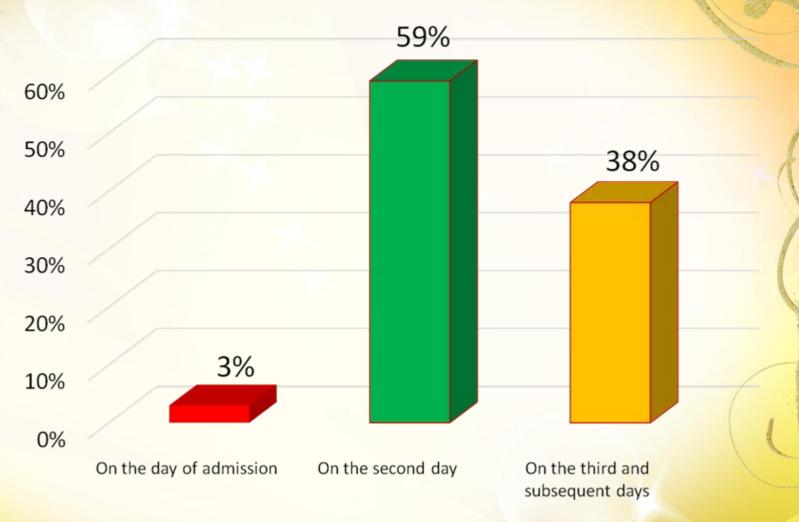


✓ Before taking antibacterial drugs, bacteriological urine culture was performed in 21% of patients

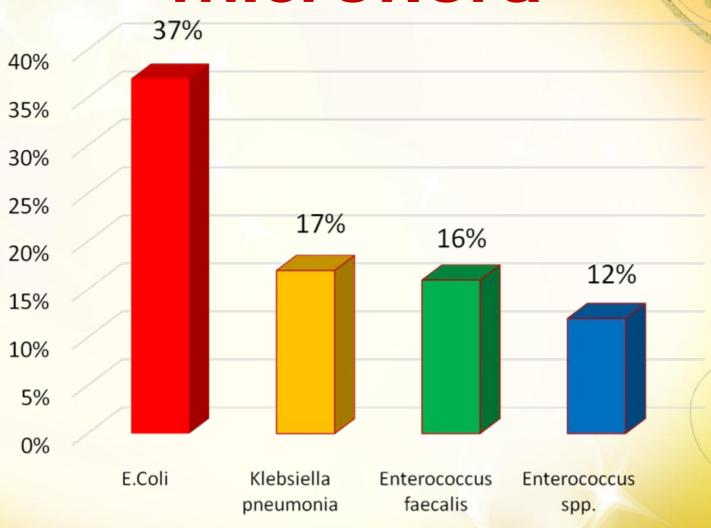


Before taking antibacterial drugs

Timing of sampling of material for bacteriological examination of urine

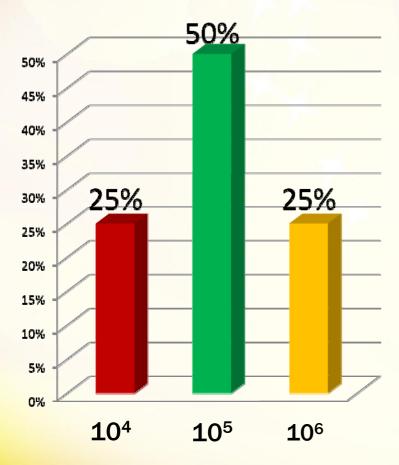


The dominant microflora

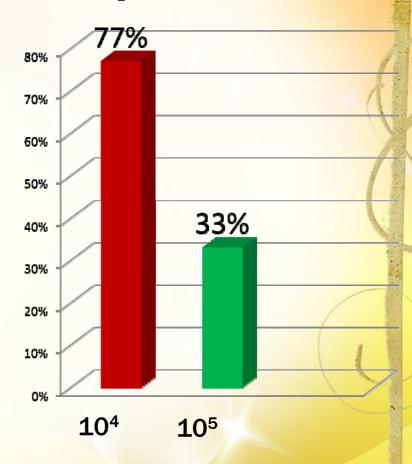


The number of inoculations

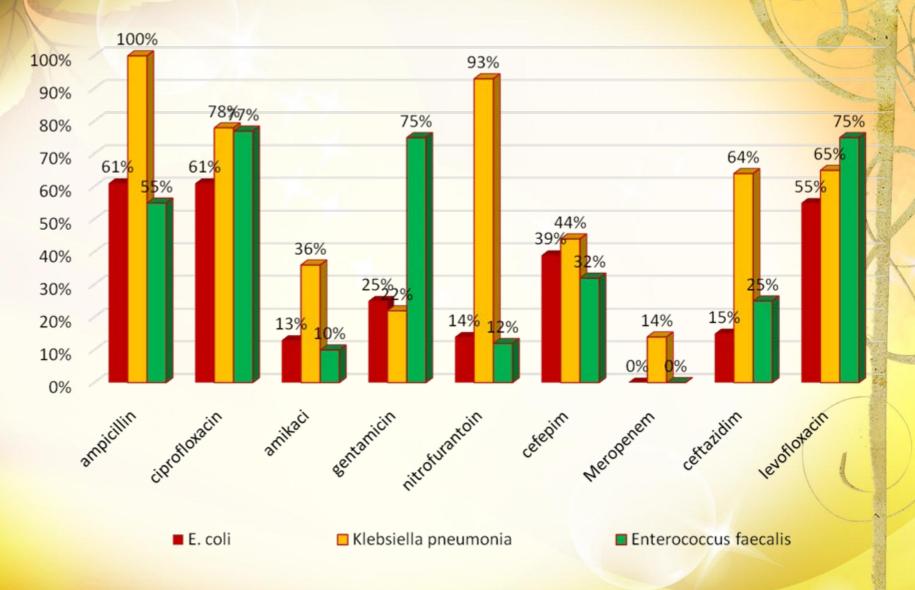
E.coli



S.epidermidis



Antibiotic resistance



95% of patients received antibiotic therapy

Ceftriaxone- 86%

Ciprofloxacin- 9%



The General blood test and the General urine test

✓ 29% of patients had no signs of an inflammatory reaction (white blood cell counts within the normal range)

✓ Of these patients, 81% received antibacter

Conclusions:

- 1. In most cases, the initial antibacterial therapy is prescribed before the bacteriological study of the resistance of microorganisms
- 2. The test material is taken on the second, third and subsequent days of hospitalization, that is, after the use of antimicrobial drugs, which leads to a decrease in the reliability of this result.
- 3. When prescribing antibiotic therapy, the local data on the structure of pathogens and the level of antibiotic resistance are not taken into account.
- 4. No attention is paid to the indicators of the systemic inflammatory response, which, being within the norm, indicate the need to avoid the appointment of antibiotics.

