

Resistance Pattern and Risk Factors in a Contemporaneous and Western European Genitourinary Tuberculosis Population

Introduction and Objective: One third of the world population is affected by tuberculosis. Genitourinary tuberculosis is the second most frequent extrapulmonary involvement after lymph nodes infection. Immunosuppression and HIV infection are considered powerful risk factors for tuberculosis (TBC) development. Likewise, the increase of multi-drug resistant strains has led to exchange the usual pattern of three-drug treatment to four anti-TBC drugs.

Materials and Methods: We designed a descriptive retrospective study of a hospitalary cohort. We selected all the genitourinary TBC cases from the pulmonary TBC patients registered at our hospital since 1994. We described demographic, clinical and microbiological features of the patients and assessed if the pattern of long term medical treatment was effective in order of the infection remission and urogenital complications.

Results: We present 46 genitourinary TBC patients collected from the 1418 pulmonary TBC cases between 1994 and 2009. The median age was 56. Male 57% and female 43%. Eight patients were initially diagnosed each year, however in recent years the cases have been reduced to one patient per year. Except one patient, all of them developed any sort of urogenital symptoms and the median delay of diagnosis was 112 days. The diagnoses were made by Urology Department in 87% of cases, and the most frequent method was de Lowenstein urine culture(67%). The more registered risk factor was alcoholic habit (42%), no HIV infection was described in any patient. The 87% of the sample received a 3-drug pattern of medical treatment given that only one case was isoniazide resistant. Forty four patients completed the long-term medical treatment and all of them had negative urine culture once finished. According to the WHO outcome classification: 67.39% cured, 23.91% completed, 2.17% died, 2.17% transferred and 4.35% unknown.

Conclusions: We observed a clear falling trend of the incidence of genitourinary TBC during the last decade. Our patient sample did not register any HIV infection or immunosuppression state, in spite of these being two risk factors widely described in medical literature. The increase of isoniazide resistant strains reported worldwide was not observed in order of less than 3% of incidence in our cases.