TITLE: ASYMPTOMATIC URINARY TRACT INFECTIONS OF PATIENTS ATTENDED IN A LABORATORY OF CLINICAL ANALYZES OF BELÉM-PARÁ.

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ABSTRACT:

The Urinary Tract Infections (UTIs) are considered one the most common infectious diseases of the community and also of the hospital settings, resulting in high rates of morbidity and high economic costs associated with its treatment. UTIs affects part of the urinary tract by bacteria presence 10^5 CFU/mL of urine. The UTIs can be classified asymptomatic or symptomatic, receive in the absence of signs or symptoms, the designation of asymptomatic bacteriuria. This present work had as objective to detect the prevalence of UTIs in patients with asymptomatic infection, of patients attended in the private clinical laboratory in Belém-Pará. The results were obtained from 782 positive urine cultures were analyzed, being 26% (204/782) with low leukocyte counts, of these 91.2% (186/204) show Gram-negative and 8.8% (18/204) Gram-positive bacteria were isolated. The higher frequencies of positive samples were in female 88.2% (180/204) among 24-39 years 27% (55/204). *Escherichia coli* 67% (136/204) and *Klebsiella pneumoniae* 11.2% (23/204) were most frequent Gram negative isolated strains, 66.7% (124/186) were Ampicillin resistant, and 45.2% (84/186) Piperacillin/Tazobactam resistant. *Enterococcus faecalis* 5.4% (11/204) and *Streptococcus agalactiae* 2.9% (6/204) were most frequent Gram-positive isolated strains and were 77.8% (14/18) tetracycline resistant, and 72.2% (13/18) clindamycin and trimethoprim/sulfamethoxazole resistant. It should also be noted that Gram-negative isolates 56% (104/186) were beta-lactamase enzyme producers. These results bolster up the need to increase of knowledge the profile of antimicrobial susceptibility and resistance phenotypes of bacteria caused UTIs, aiming to obtain data that can help to control this infection and minimize the indiscriminate use of antibiotics.

Keywords: Urinary Tract Infections; Asymptomatic Bacteriuria; Antimicrobial; Bacterial resistance.

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