

Vignette highlights management of recurrent UTI in older men

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(HealthDay)—In a case vignette published in the Feb. 11 issue of the

New England Journal of Medicine, recommendations are presented for management of recurrent acute febrile urinary tract infections in older men.

Anthony J. Schaeffer, M.D., from the Northwestern University Feinberg School of Medicine in Chicago, and Lindsay E. Nicolle, M.D., from the University of Manitoba in Winnipeg, Canada, discuss evaluation and management of a case of a 79-year-old man with extended-spectrum beta-lactamase *Escherichia coli*. The patient had a similar [infection](#) several months earlier, with the same organism isolated.

The authors note that the patient described in the vignette had chronic bacterial prostatitis with extended spectrum beta-lactamase *E. coli* infection. A referral to a urologist for cultures to localize the infection to the prostate was recommended. Correction should be considered if abnormalities are identified on upper [urinary tract](#) imaging. A 30-day course is recommended if testing to localize the infection to the prostate is positive and the organism is sensitive to fluoroquinolone or trimethoprim-sulfamethoxazole. Alternative agents that penetrate the prostate may be considered if the bacteria are not sensitive to these agents. Watchful waiting, intermittent self-initiated therapy, or suppressive therapy should be considered if initial therapy fails or relapse occurs. If the patient is prescribed long-term suppressive therapy, the dose and frequency should be adjusted to a level that would be adequate to prevent recurrent symptoms of [urinary tract infections](#).

"The patient should be aware of potential adverse effects of long-term antimicrobial [therapy](#)," the authors write.

One author disclosed financial ties to the biopharmaceutical industry.

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