

Urinalysis is effective for UTIs in younger febrile infants

January 22 2018



(HealthDay)—For febrile infants age 60 days and younger, urinalysis is

highly sensitive and specific for diagnosing urinary tract infections (UTIs), according to a study published online Jan. 16 in *Pediatrics*.

Leah Tzimenatos, M.D., from the University of California, Davis, School of Medicine in Sacramento, and colleagues performed a planned secondary analysis to assess the test characteristics of urinalysis for diagnosing UTIs, with or without associated bacteremia, in febrile [infants](#) ≤ 60 days old. Test characteristics were assessed using two definitions of UTI: growth of $\geq 50,000$ or $\geq 10,000$ colony-forming units (CFUs) per mL of a uropathogen.

The researchers found that 289 (7 percent) of the 4,147 infants analyzed had UTIs with colony counts $\geq 50,000$ CFUs/mL, including 27 (9.3 percent) with bacteremia. A positive urinalysis for these UTIs exhibited sensitivities of 0.94 (95 percent confidence interval [CI], 0.91 to 0.97), regardless of bacteremia; 1.00 (95 percent CI, 0.87 to 1.00) with bacteremia; and 0.94 (95 percent CI, 0.90 to 0.96) without bacteremia. In all groups, specificity was 0.91 (95 percent CI, 0.90 to 0.91). The sensitivity and specificity of urinalysis was 0.87 (95 percent CI, 0.83 to 0.90) and 0.91 (95 percent CI, 0.90 to 0.92), respectively, for UTIs with colony counts $\geq 10,000$ CFUs/mL.

"The urinalysis is highly sensitive and specific for diagnosing UTIs, especially with $\geq 50,000$ CFUs/mL, in febrile infants ≤ 60 days old, and particularly for UTIs with associated [bacteremia](#)," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

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Citation: Urinalysis is effective for UTIs in younger febrile infants (2018, January 22) retrieved 11 May 2024 from <https://medicalxpress.com/news/2018-01-urinalysis-effective-utis-younger-febrile.html>

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