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EDITORIAL

Uncomplicated urinary tract infection: a frequent problem in clinical practice

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Urinary tract infections (UTIs) are one type of disease in which patients frequently consult physicians, at any level of care. Frequency of UTIs is especially common in children,[1] particularly in children <10 years of age, as well as in adult females. Despite the frequency of cases consulted, it is common for diagnostic studies to not be properly carried out, which leads to errors in treatment, treatment failures, and potential risk of irreversible renal damage.[2] Moreover, a series of studies and invasive procedures are sometimes conducted in children who present with a first UTI event, suspected by a febrile episode without apparent cause. Some of these procedures may outweigh the benefits.

In this issue of *Boletín Médico del Hospital Infantil de México*, Landa et al. present a consensus analysis focused mainly on the diagnosis and treatment of uncomplicated UTI. Such documents are useful in primary care of patients and propose simple and practical methods for diagnosis and treatment offering the best results, as shown by scientific evidence coupled with the experience of the authors.

Some recommendations are offered by Landa et al. For example, although the use of diagnostic test strips in symptomatic adults with a high probability of UTI may be diagnostic, it was demonstrated that urinary sediment study increases the certainty but is not necessarily indicative of the uroculture.[3]

Therefore, considering that initiation of antimicrobial therapy is not urgent in a patient with uncomplicated UTI, it is possible to wait a short time before carrying out urinary sediment analysis, thereby increasing the diagnostic accuracy. Among the recommendations regarding diagnostic methods, it is important to note that each study (ultrasound, contrast radiology, nuclear medicine, endoscopy and others) has an appropriate time and precise indication for carrying out. Studies should always be carried out when the benefit outweighs the risk, evaluating those studies with lower cost with maximum usefulness. The article by Landa et al. is focused on UTIs in children and females. However, there is also a challenge in clinical diagnosis in males of different ages, recently in patients >60 years of age. There are some proposals to establish diagnostic indexes to assist in the diagnostic approach to these patients,[4] although further studies are required to validate their indication.

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