

Relation of Bacterial Endocarditis to Urology

by

Ghazala Haq* and Misbahuddin Pirzada Siddiqui**

Bacterial Endocarditis and Urology:

Although bacterial endocarditis, in relation to surgery and manipulation of the lower urinary tract, has been stressed in the American literature, there have been comparatively few reports in the British Journals, though some of the earlier observations on bacteremia, following urethral manipulations, were reported in Britain. Three cases of bacterial endocarditis have been seen by Lloyd—Still, 1965¹. On analysing the post-mortem reports since 1955, three further cases were proved at necropsy.

Bacteremia in Urology:

Bertelsmann and Mau, in 1902 (cited by Lloyd—Still, 1965¹) described a fatal case of Staphylococcal endocarditis following urethral dilatations for stricture. Barrington and Wright, in 1930² (cited by Lloyd—Still, 1965¹) were the first in Britain to investigate systematically the incidence of bacteremia after operations on the urethra. They obtained 13 positive blood cultures after 33 urethral manipulations, and concluded that the bacteremia was due to organisms that came from the urinary tract, and that the heavier the bacteriuria the greater the risk of blood invasion. Another factor was thought to be the extent of the trauma produced by the instrument. The commonest organism isolated was *Escherichia coli*. Slade, in 1958² reported and confirmed these findings.

Focus of Infection:

Robbins and Tompsett, in 1951¹ thought that the main dangers of developing, enterococcal endocarditis were urinary infections and prostatectomy in elderly men and uterine infection in women.

Even if prophylactic antibiotics are administered to a patient with known valvular heart disease undergoing any urethral manoeuvre a blood culture should be performed as a routine follow-up at about four weeks after the operation. This may be the only way of making an early diagnosis. (Lloyd & Still, 1965¹).

Thus in awareness of the incidence of bacterial endocarditis in relation to urology the clinician should be aware of the importance of a routine blood culture which should be performed following any urethral manoeuvre, as this is the only way of making an early diagnosis and thereby preventing complications.

REFERENCES

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*PMRC Research Centre, JPGMC, Karachi

**Deptt. of Microbiology, Karachi University.