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## URINARY TRACT INFECTIONS

# Urinary tract infections in postmenopausal women

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Urinary tract infections (UTI) are a common problem in postmenopausal women. The incidence is higher in patients with diabetes mellitus (DM) and very often it can be manifested by asymptomatic bacteriuria (ASB) only. The prevalence of ASB is usually correlated with the length of DM and long-term complications, rather than metabolic parameters of DM [1–4]. Furthermore, the estrogen deficiency has essential role in the presence of bacteriuria. Estrogen fuels the proliferation of lactobacillus in the epithelium of the vagina, lowers the pH, and prevents vaginal colonization of *Enterobacteriaceae*, the main pathogens of the urinary tract [5, 6]. In a meta-analysis of the significance of ASB in diabetes, performed in Finland, it was stated that the point prevalence of ASB was higher in both women and men as well as in children and adolescents with diabetes mellitus compared with healthy control subjects [7]. The efficacy of estrogen (administered either by oral or vaginal route) in the prevention of UTI has been

widely described so far. This article offers interesting approach to the problem emphasizing the maintenance of healthy vaginal flora. According to it the problem of ASB should be solved by maintaining the vaginal flora healthy and normal by using local forms of estriol.

There are many published studies providing information on the modalities for improving the vaginal health using: vaginal cream, estradiol–vaginal ring, and vaginal pessary [8–12]. In the everyday practice we should strive to obtain the optimal solution between using different forms of estrogen and combining it with antibiotic therapy and watchful waiting. It is important to individualize every patient to give them the best care. Every physician dealing with this kind of patient should not forget the possibility of presence of leukoplakia, so to exclude it, a cystoscopy along with external genitalia inspection is highly advised.

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