

3^e édition

JOURNÉES de l'Académie du Microbiote Urogénital

30 & 31

Janvier 2026

Paris



ACADEMIE
DU MICROBIOTE
UROGENITAL



Cystites post coïtales

Pr Fr Bruyère

CHUV Lausanne

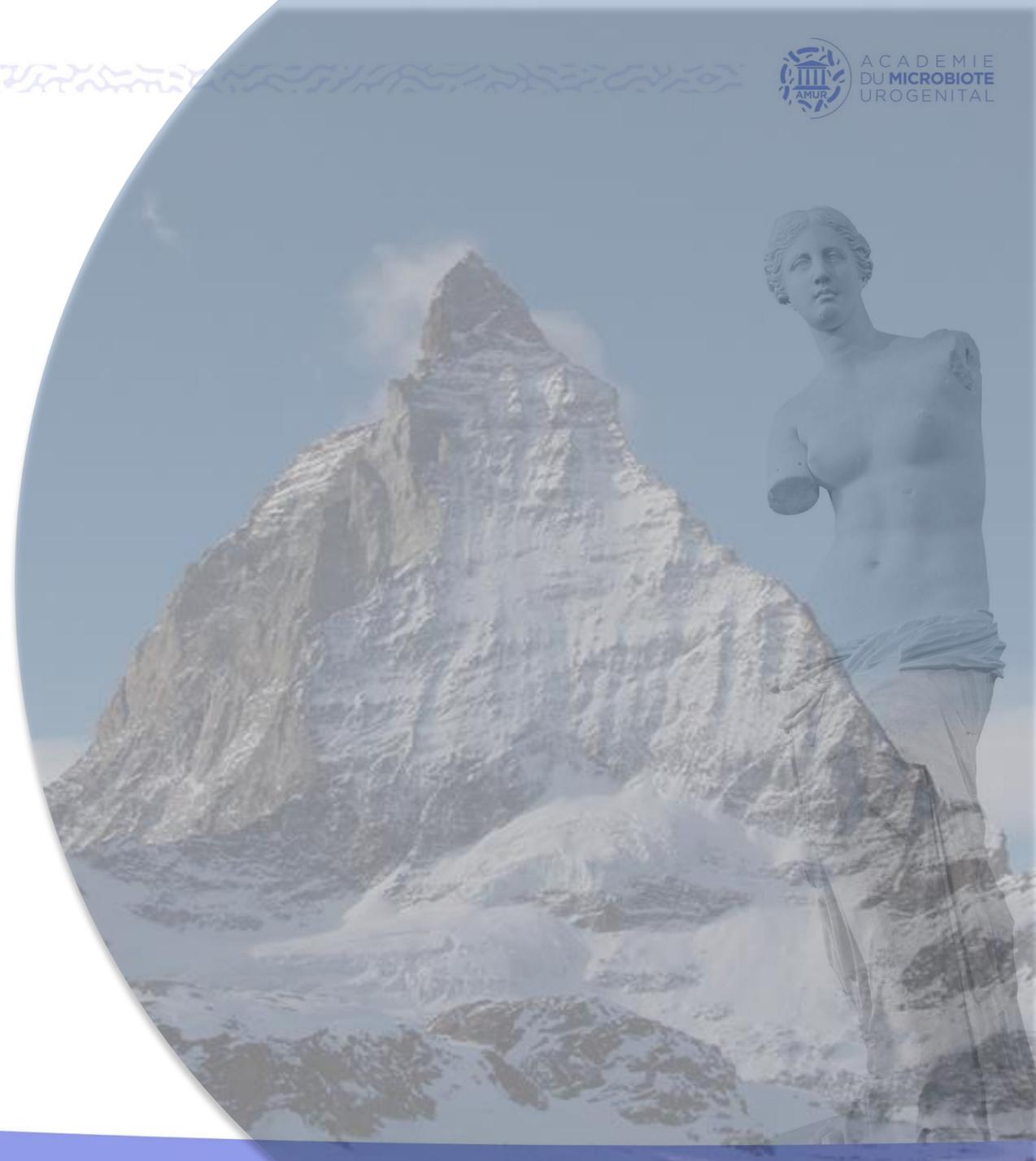
(Suisse)



**Departement de chirurgie
Service d'urologie**

Est ce un problème ?

- Incidence élevée
- Hypothèses diagnostiques
- Impact des crises
- Antibiotiques
- Traitements alternatifs



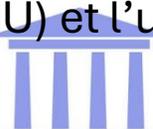


Incidence and management of uncomplicated recurrent urinary tract infections in a national sample of women in the United States

Anne M. Suskind, MD, MS¹, Christopher S. Saigal, MD², Janet M. Hanley, MS³, Julie Lai, MS³, Claude M. Setodji, PhD³, and J. Quentin Clemens, MD, MS⁴ on behalf of the Urologic Diseases of America Project

Matériels et méthodes

- Étude de cohorte rétrospective
- base de données d'assurance **MarketScan**[®] de 2003 à 2011 (environ 66 millions d'assurées USA)
- **Population** : Femmes 18 à 64 ans, sans infection urinaire (IU) depuis >1an
- **Définition des IU récidivantes** : ≥ 3 cs liées à une IU avec prescription d'antibiotiques sur 1 an
- **Critères d'exclusion** : Tout facteur compliquant (p. ex. anomalies des voies urinaires, maladies neurologiques, grossesse, diabète, immunodépression)
- **Critères de jugement évalués** :
 - Incidence des rUTI non compliquées incidentes
 - Utilisation des cultures d'urines, de l'imagerie et de la cystoscopie
 - Utilisation ultérieure des ressources de santé (hospitalisations, antibiothérapie IV, consultations, pyélonéphrite)
 - Une analyse appariée par score de propension avec régression logistique multivariée a été utilisée pour évaluer l'association entre l'utilisation des cultures d'urines (> 50 % des épisodes d'IU) et l'utilisation ultérieure des soins de santé.





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Résultats

48 283 femmes

Incidence : 102 cas / 100 000 femmes

L'incidence suivait une **distribution en J selon l'âge**, avec les taux les plus élevés chez les **18 à 34 ans** ; et les **55 à 64 ans** (incidence la plus élevée)

Pratiques diagnostiques :

61 % ≥ 1 ECBU

39 % 0 ECBU au cours des 3 épisodes

Imagerie: **6,9 %**; cystoscopie **2,8 %** (faible, en accord avec les recommandations)

Impact d'une prise en charge guidée par les cultures :

Les femmes pour lesquelles une culture d'urines était réalisée dans **> 50 % des épisodes d'IU** présentaient :

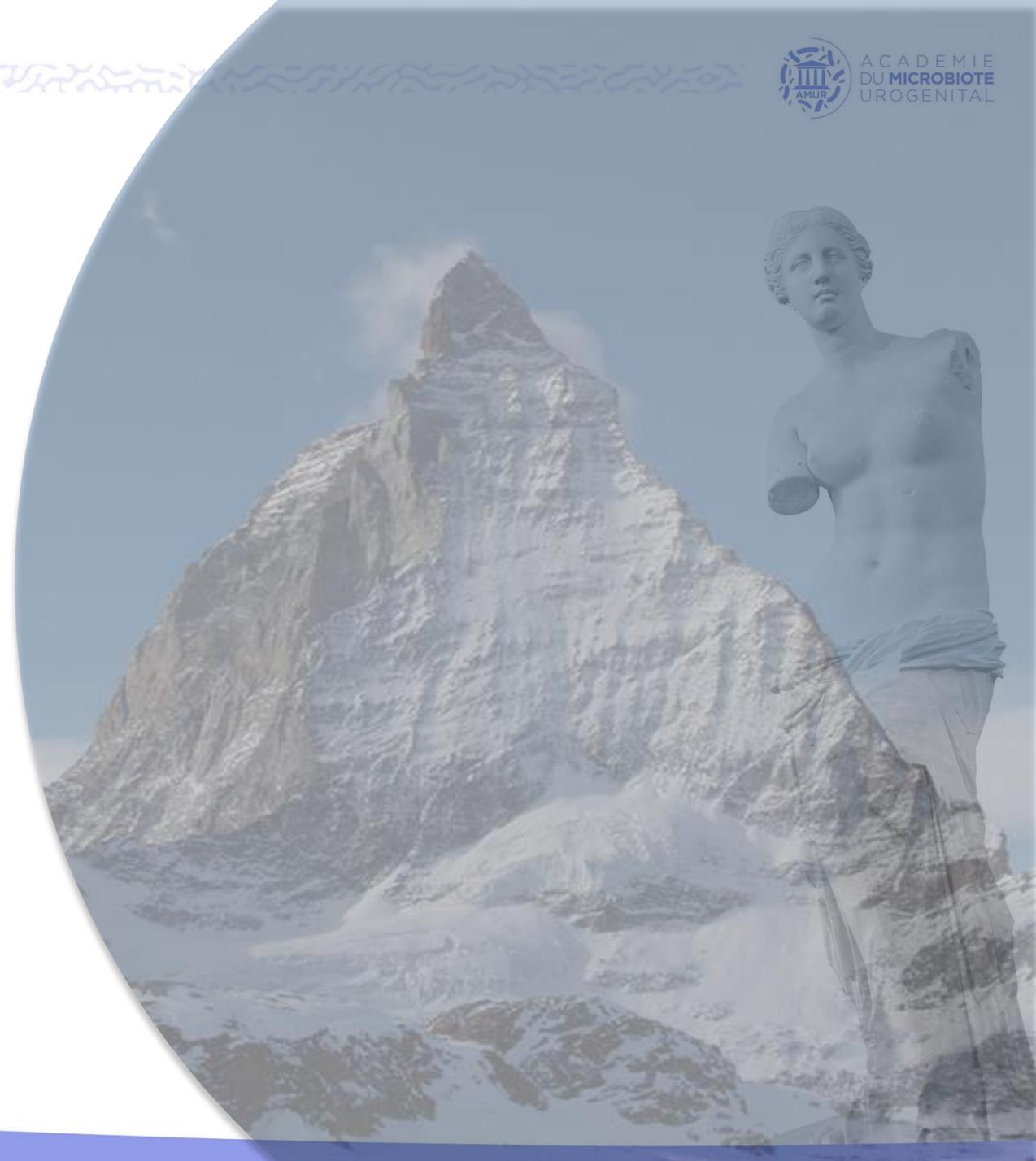
<hospitalisations liées aux IU ; <antibiotiques IV; > consultations ambulatoires ;

> pyélonéphrite diagnostiquée (reflétant probablement une plus grande sévérité de la maladie ou une intensité diagnostique accrue plutôt qu'un effet délétère)



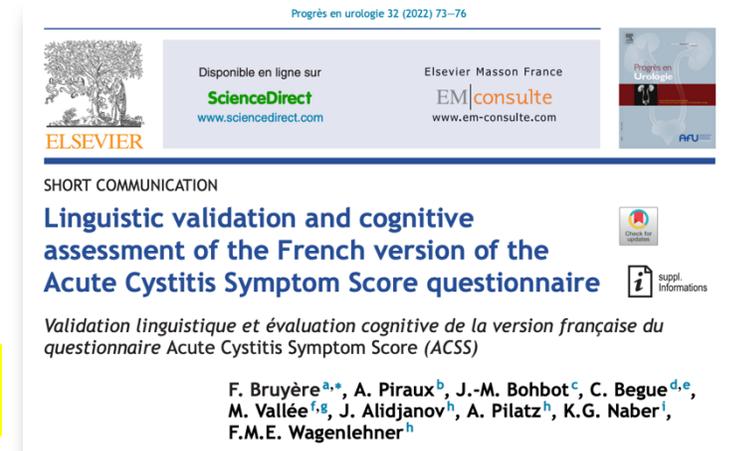
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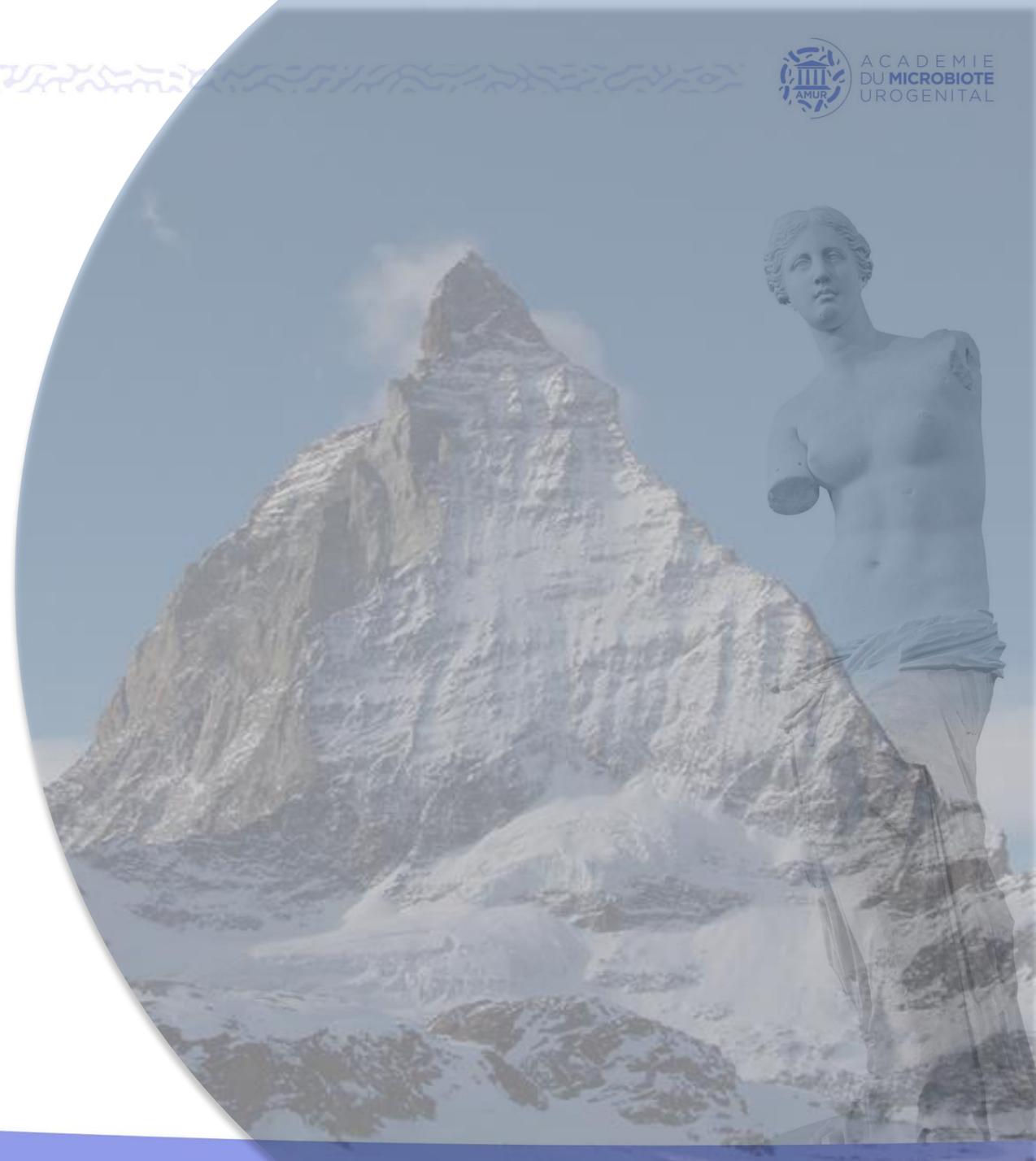
Diagnostic non spécifique

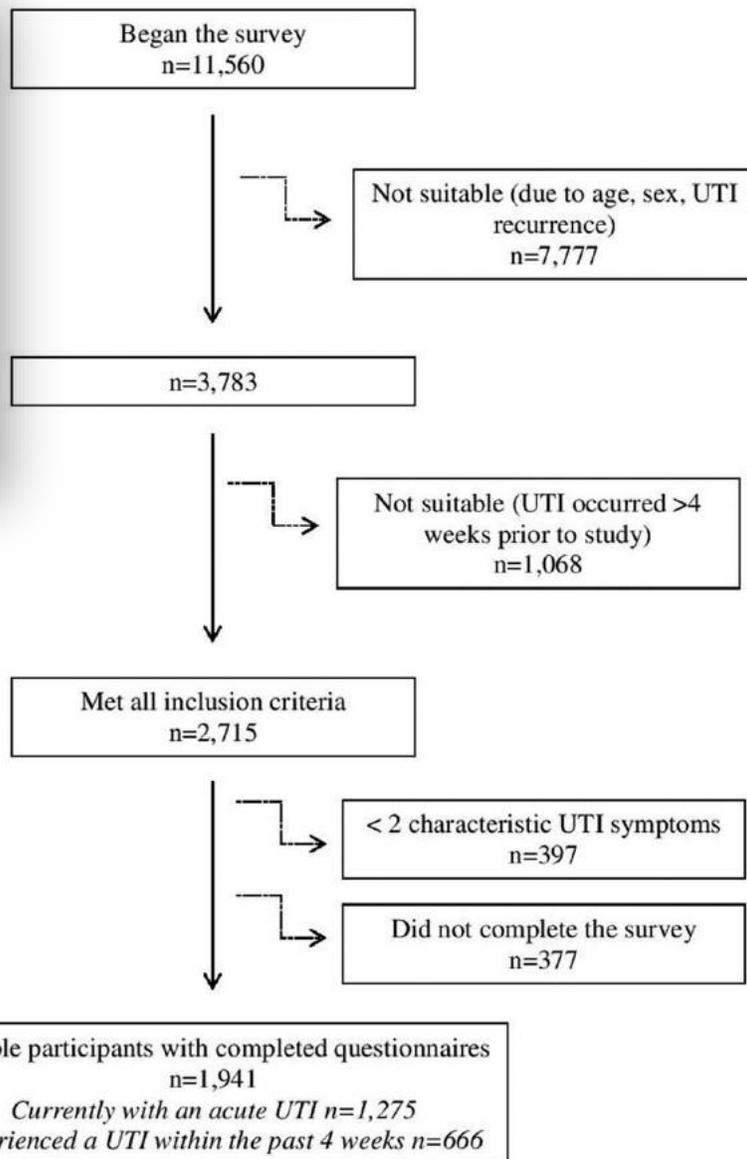
- Typique: **brulures mictionnelles sans fièvre**
Mais on retrouve néanmoins : pollakiurie, dysurie, urines malodorantes, hématurie, douleur hypogastrique
- **Moins typique** chez les patients âgés ou atteints de pathologies neurologiques
- **Questionnaire ACSS** :
- peu spécifique ++
- **Le plus souvent en lien avec les rapports**



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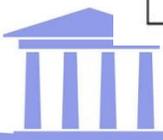
Évaluer l'impact clinique, socio-économique et l'altération de la QoL associés aux rUTI chez les femmes européennes

Étude observationnelle internationale, anonyme, basée sur un questionnaire en ligne. (**Allemagne, Suisse, Italie, Pologne et Russie**)

Population : femmes ≥ 18 ans présentant des rUTI (≥ 2 épisodes en 6 mois ou ≥ 3 en 12 mois), avec une IU aiguë en cours ou survenue au cours des **4 semaines précédentes**

Taille de l'échantillon : 1 941 questionnaires complétés

Évaluation de la qualité de vie : réalisée à l'aide du **SF-12v2**, incluant les composantes physique et mentale



Résultats

Charge symptomatique élevée : moyenne de 5,1 symptômes / épisode

Taux de récurrence très élevé : 47 % \geq 6 IU/an ; 14 % $>$ 12 IU/an

Durée prolongée de la maladie : 42 % depuis plus de 10 ans

Infections urinaires liées aux rapports sexuels :

34 % en lien avec les rapports ; 57 % impact - sur la vie intime

Fardeau socio-économique

- 2,8 consultations médicales/an

Absentéisme professionnel :

3,1 jours d'arrêt de travail/an ;

3,5 jours/an avec limitation des activités quotidiennes

Le recours à l'hospitalisation variait **significativement selon les pays**

Impact sur la qualité de vie

(persiste entre les épisodes chez de nombreuses femmes)

Altération marquée de la qualité de vie, touchant principalement la santé mentale

Lors des épisodes aigus :

55 à 80 % présentaient des scores de santé mentale $<$ aux normes de la population générale

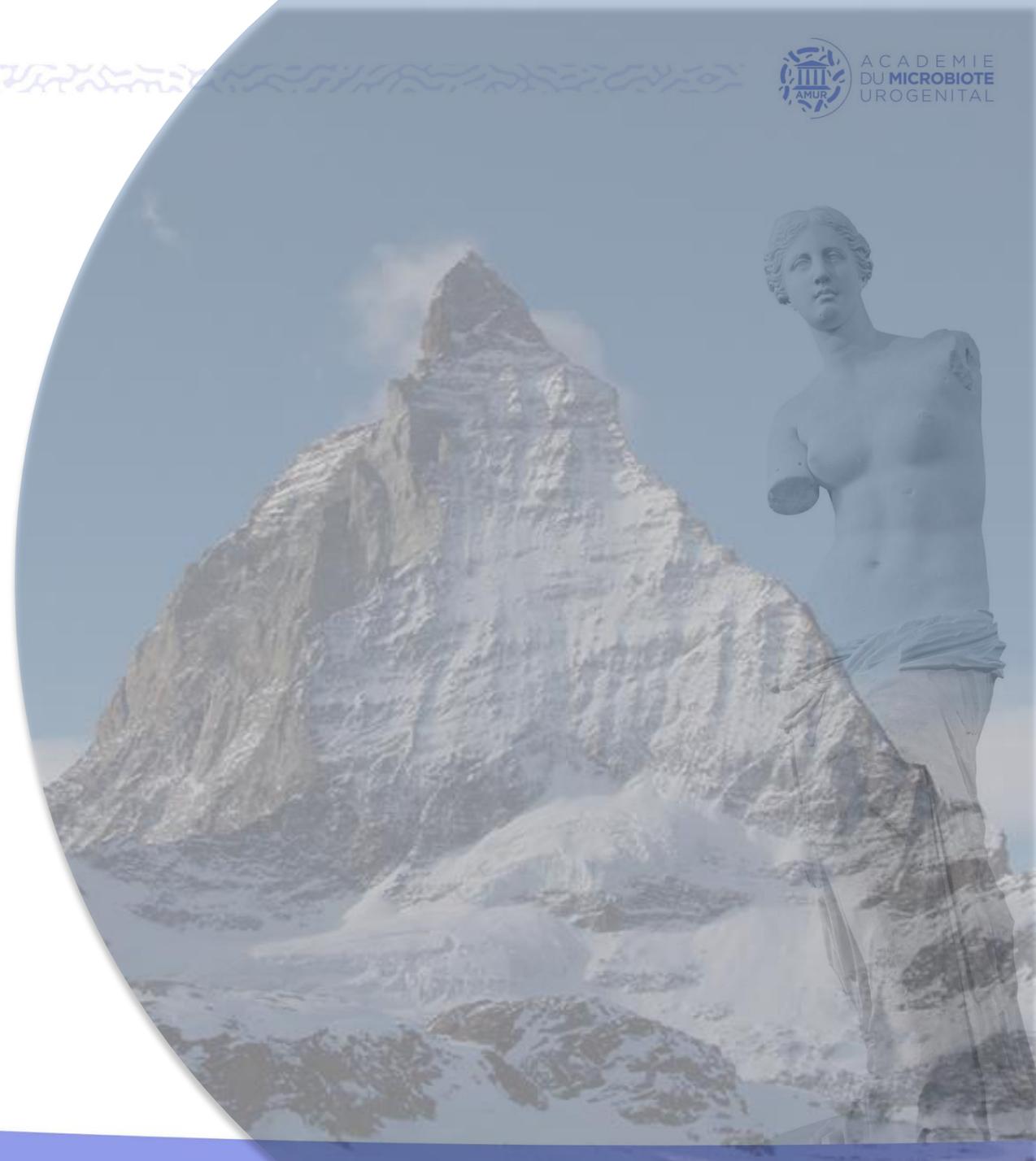
Fardeau psychologique persistant, y compris 4 semaines après la résolution de l'infection.

Risque élevé de dépression, atteignant environ 70 % dans certains pays



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Résultats

Prise en charge médicale et utilisation des antibiotiques

80 % au moins une cure d'antibiotiques par an

Nombre moyen de prescriptions : 2,9/an (jusqu'à 3,4/an en Allemagne)

21,5 % ont reçu ≥ 5 cures d'antibiotiques/an

47 % ont dû changer d'antibiotique en raison d'une inefficacité thérapeutique

Niveau élevé de préoccupations concernant :

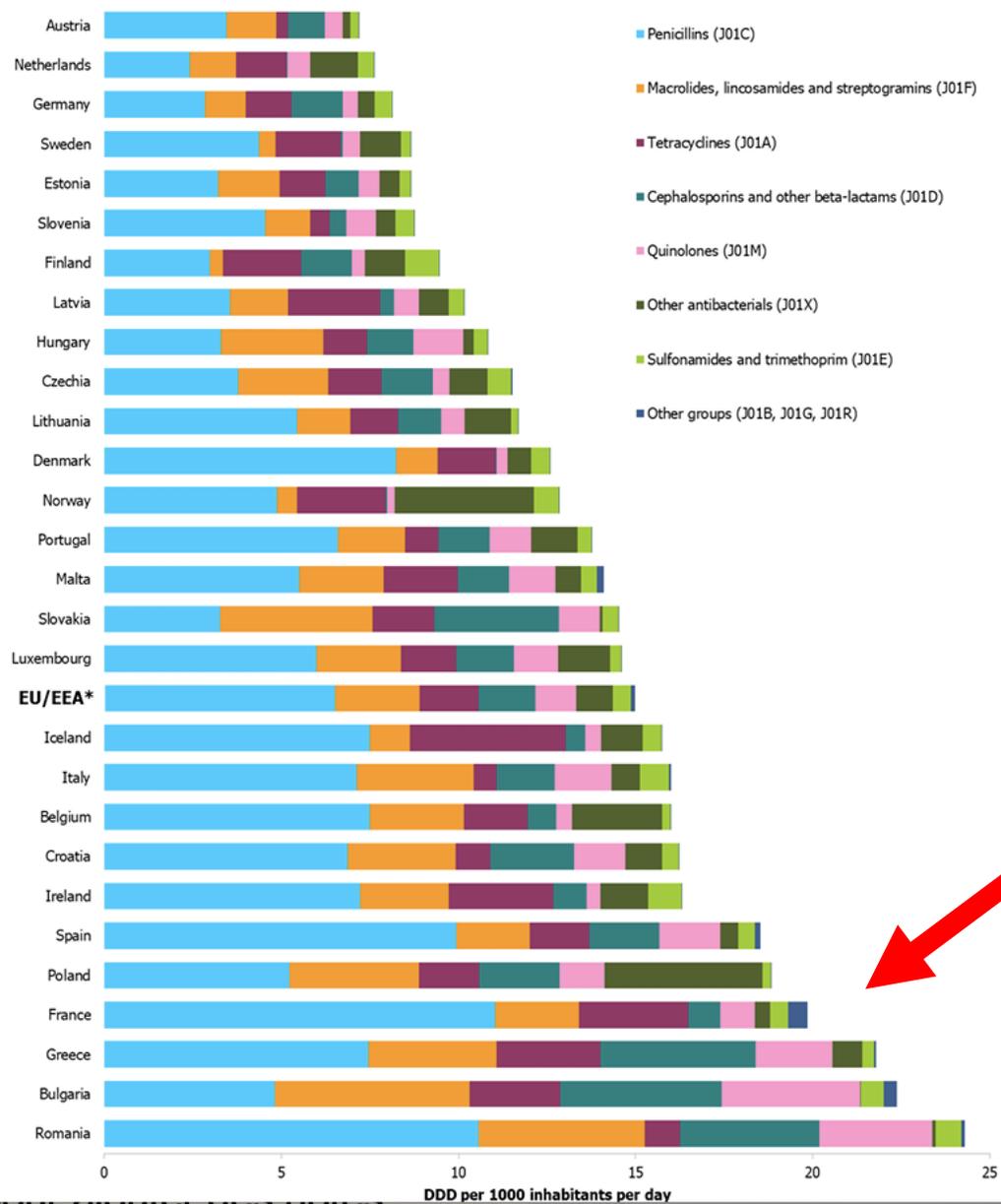
les **effets indésirables**,

la **résistance aux antibiotiques**,

la **diminution de l'efficacité** des traitements



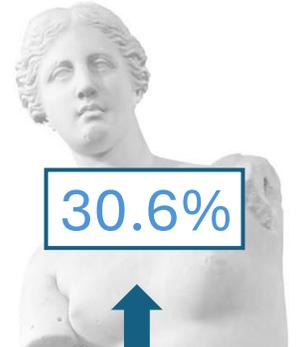
Figure 3. Community consumption of antibacterials for systemic use (ATC group J01) at ATC level 3 sub-group, EU/EEA countries, 2021 (expressed as DDD per 1 000 inhabitants per day)





Contribution of Antibiotic Susceptibility Testing and CH Typing Compared to Next-Generation Sequencing for the Diagnosis of Recurrent Urinary Tract Infections Due to Genetically Identical *Escherichia coli* Isolates: a Prospective Cohort Study of Cystitis in Women

Nicolas Vautrin,^a Kévin Alexandre,^b Martine Pestel-Caron,^c Estelle Bernard,^d Roland Fabre,^e Marie Leoz,^a Sandrine Dahyot,^c François Caron^b



30.6%

TABLE 2 Rates of resistance to different antibiotics among the 347 *E. coli* isolates collected from patients with sporadic cystitis (SC) or recurrent cystitis (RC)^a

Antibiotic(s)	Resistance to antibiotic by group, no. positive/total no. (%)		
	All isolates (n = 347)	SC isolates (n = 216)	RC isolates (n = 131)
Amoxicillin	170/347 (49%)	93/216 (43.1%)	77/131 (58.8%)
Amoxicillin + clavulanic acid	14/345 (4.1%)	6/214 (2.8%)	8/131 (6.1%)
Pivmecillinam	10/334 (3%)	5/211 (2.4%)	5/123 (4%)
Ceftriaxone	11/344 (3.2%)	3/216 (1.4%)	8/128 (6.2%)
Nalidixic acid	56/347 (16.1%)	21/216 (9.7%)	35/131 (26.7%)
Ciprofloxacin	40/347 (11.5%)	16/216 (7.4%)	24/131 (18.3%)
Trimethoprim + sulfamethoxazole	78/343 (22.7%)	30/214 (14%)	48/129 (37.2%)
Nitrofurantoin	4/347 (1.2%)	2/347 (0.9%)	2/131 (1.5%)
Fosfomycin	3/342 (0.9%)	1/214 (0.5%)	2/128 (1.6%)

^aSignificant differences ($P < 0.05$) between groups are presented in bold.

TABLE 3 Descriptive table of recurrent cystitis group population^a

Category	No. in recurrent cystitis group			
	Total patients	Total isolates	Total UPEC	Identical UPEC isolates
Overall	72	180	131	77
No case with UPEC	14	28	0	0
1 case only with UPEC	18	36	18	0
≥2 cases with UPEC				
All different by phylogroup/CH type	18	37	36	0
Some identical by phylogroup/CH type	22	79	77	60
Some identical by NGS	22	79	77	57

^aUPEC, uropathogenic *Escherichia coli*; NGS, next-generation sequencing.

Resistance is higher in the RC group

More reinfections than relapses

Les antibiotiques peuvent augmenter le risque infectieux



MAJOR ARTICLE

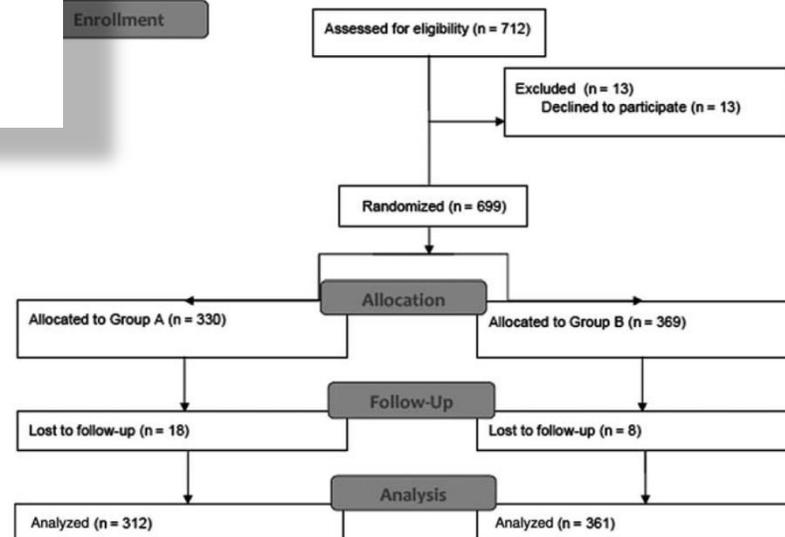
The Role of Asymptomatic Bacteriuria in Young Women With Recurrent Urinary Tract Infections: To Treat or Not to Treat?

Tommaso Cai,¹ Sandra Mazzoli,² Nicola Mondaini,³ Francesca Meacci,² Gabriella Nesi,⁴ Carolina D'Elia,¹ Gianni Malossini,¹ Vieri Boddi,⁵ and Riccardo Bartoletti³

Inclusions: women 18-40 ans, sexually active mono partenaire > 1 y, 1 cystitis treated in the past y, asymptomatic AND urine culture+ > 10⁵ UFC/ml



Enrollment



Characteristic	Group A (n = 312)	Group B (n = 361)	P Value
Median age (±SD)	39.1 (6.9)	38.7 (7.1)	.77
Marital status			
Married	178 (57.0)	153 (42.3)	.26
Single	134 (43.0)	208 (57.7)	
Sexual encounters per week (±SD)	2.1 (1.3)	2.3 (1.4)	.05
Contraceptive use	141 (45.1)	157 (43.4)	.43
Oral hormonal	71/141 (50.3)	81/157 (51.5)	
Condom	37/141 (26.3)	48/157 (30.5)	
Coitus interruptus	33/141 (23.4)	28/157 (17.8)	
Smoking			
Yes	104 (33.3)	142 (39.3)	.10
Alcohol use			
Yes	61 (19.5)	77 (21.3)	.56
Parity			
Nulliparity	63 (20.2)	96 (26.5)	.05
Multiparity	249 (79.8)	265 (73.5)	
Clinical presentation			
Asymptomatic	312 (100)	361 (100)	
No. of UTIs per year			
3	71 (22.7)	76 (21.0)	.59
>3	241 (77.3)	285 (79.0)	
Start of recurrent UTI history (mo)	20 ± 5.4	19 ± 5.1	.99
Symptoms score at baseline (mean)			
QoL	0.82 ± 0.03	0.81 ± 0.06	.99
Bacterial strains			
<i>Escherichia coli</i>	120 (38.4)	142 (39.3)	.95
<i>Enterococcus faecalis</i>	102 (32.7)	120 (33.2)	
<i>Enterococcus faecium</i>	38 (12.2)	47 (13.1)	
<i>Klebsiella</i> spp	19 (6.1)	22 (6.1)	
<i>Streptococcus agalactiae</i>	17 (5.5)	16 (4.5)	
<i>Serratia</i> spp	16 (5.1)	14 (3.8)	

Les antibiotiques peuvent augmenter le risque infectieux

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	Follow-up Visit			
	Baseline (Enrollment)	First (3 months)	Second (6 months)	Third (12 months)
Group A				
Symptomatic	0	11	23	41
Asymptomatic	312	301	278	237
QoL score (±SD)	0.82 ± 0.03	0.79 ± 0.07	0.81 ± 0.06	0.82 ± 0.03
No bacterial growth	0	15 (4.9)	27 (9.7)	31 (13.1)
<i>Escherichia coli</i>	120 (38.4)	107 (35.7)	68 (24.4)	26 (11.0)
<i>Enterococcus faecalis</i>	102 (32.7)	101 (33.7)	149 (53.5)	177 (74.7)
<i>Enterococcus faecium</i>	38 (12.2)	30 (10.0)	10 (3.5)	1 (0.4)
<i>Klebsiella</i> spp	19 (6.1)	18 (6.0)	9 (3.4)	...
<i>Streptococcus agalactiae</i>	17 (5.5)	15 (4.9)	7 (2.6)	...
<i>Serratia</i> spp	16 (5.1)	12 (3.9)	5 (1.7)	1 (0.4)
<i>Proteus mirabilis</i>	...	3 (0.9)	2 (0.8)	1 (0.4)
<i>Pseudomonas</i> spp	...	...	...	...
<i>Citrobacter</i> spp	...	...	1 (0.4)	...
Group B				
Symptomatic	0	32	98	169
Asymptomatic	361	329	231	62
QoL score	0.81 ± 0.06	0.50 ± 0.01	0.52 ± 0.01	0.51 ± 0.02
No bacterial growth	0	27 (8.2)	21 (9.0)	19 (30.7)
<i>E. coli</i>	142 (39.3)	131 (39.8)	142 (61.5)	17 (27.5)
<i>E. faecalis</i>	120 (33.2)	92 (27.9)	36 (15.6)	11 (17.8)
<i>E. faecium</i>	47 (13.1)	45 (13.6)	10 (4.3)	3 (4.8)
<i>Klebsiella</i> spp	22 (6.1)	19 (5.8)	6 (2.7)	...
<i>Streptococcus agalactiae</i>	16 (4.5)	8 (2.4)	5 (2.2)	...
<i>Serratia</i> spp	14 (3.8)	7 (2.3)	6 (2.7)	...
<i>Proteus mirabilis</i>	...	...	2 (0.8)	4 (6.4)
<i>Pseudomonas</i> spp	...	...	...	3 (4.8)
<i>Citrobacter</i> spp	...	...	3 (1.2)	5 (8.0)

6 and 12 months: more symptoms in the TTT group ($p < 10^3$)

NS At 3 months (3.5 vs 8.8%)

Those who do not relapse have more *E faecalis*

QOL better in the non-TTT group



Impact of antibiotics

Articles

Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050



GBD 2021 Antimicrobial Resistance Collaborators*

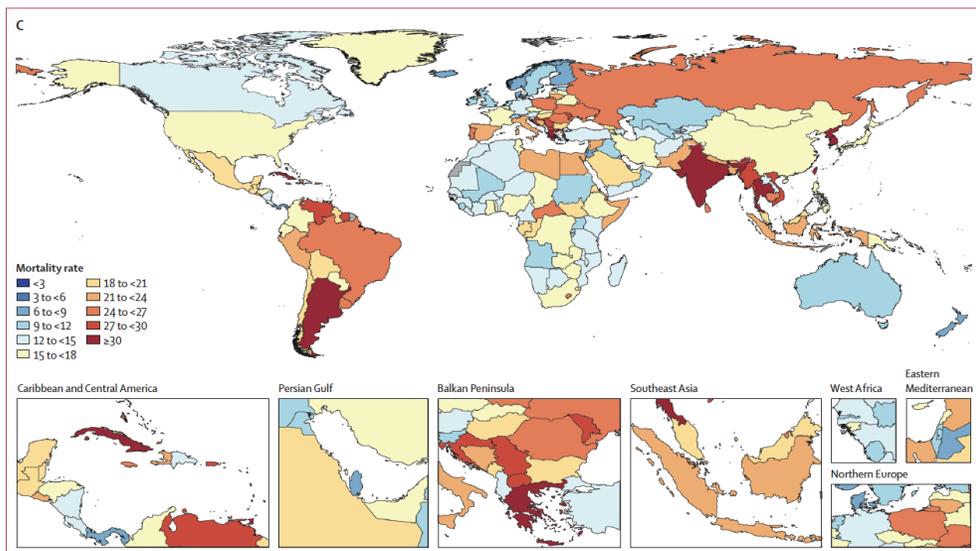


Figure 3: Death rates per 100 000 attributable to AMR, all ages, 1990, 2021, 2050 (A) Death rate attributable to AMR, all ages, 1990. (B) Death rate attributable to AMR, all ages, 2021. (C) Death rate attributable to AMR, all ages, 2050. AMR=antimicrobial resistance.

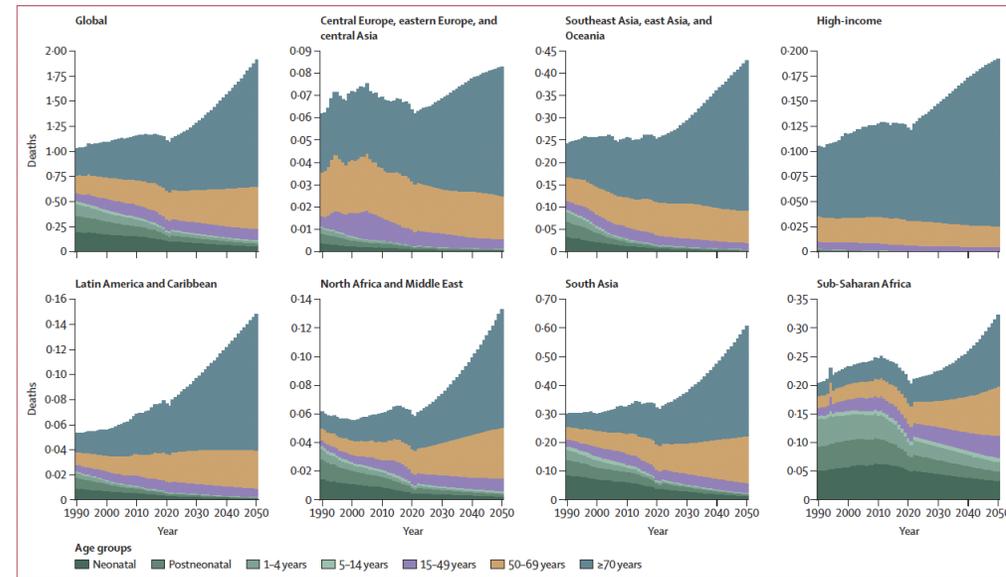
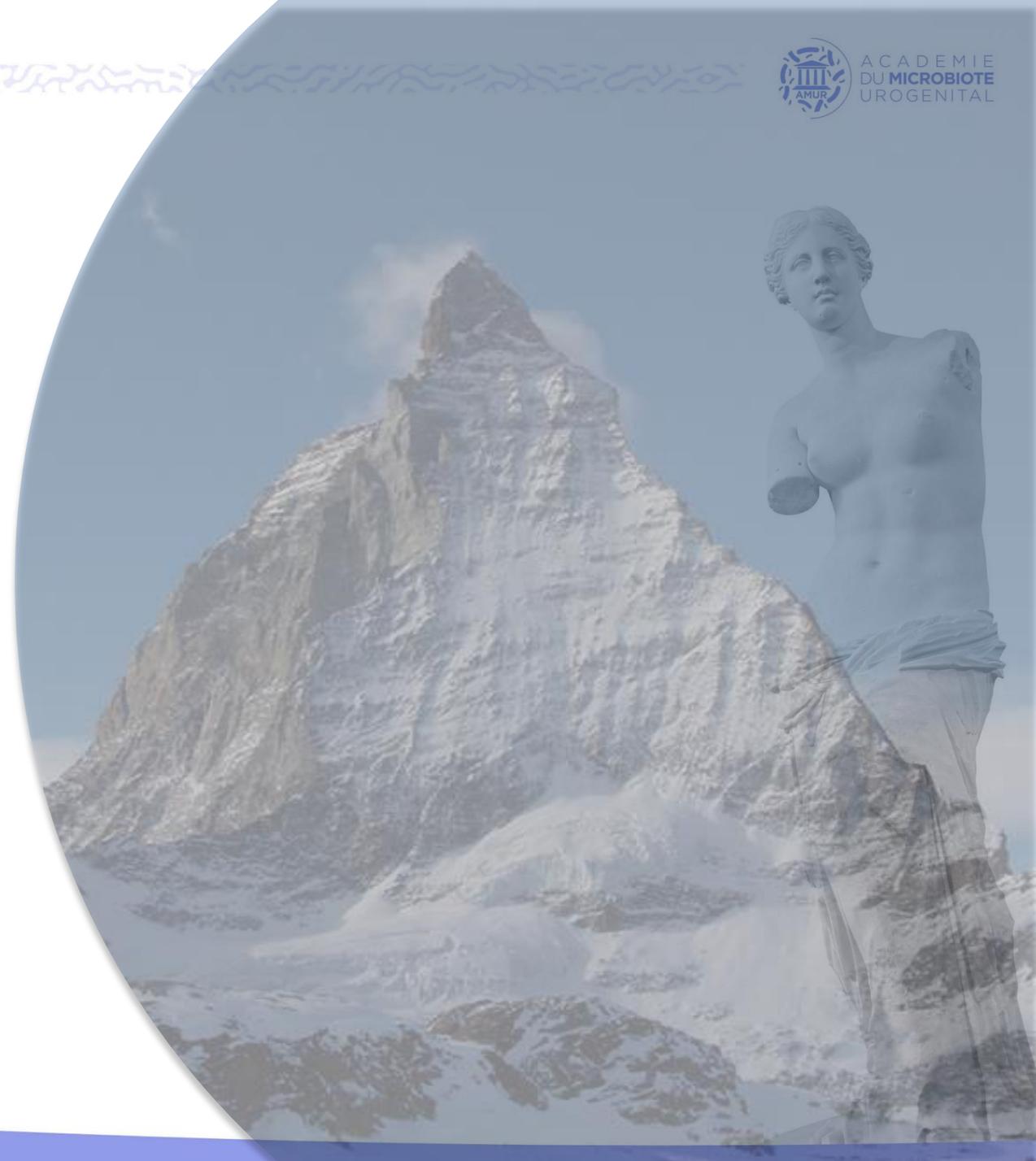


Figure 7: Deaths attributable to AMR by age group and location in the reference scenario, 2022–2050 Units are in millions.



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GAG-Ac hyaluronique

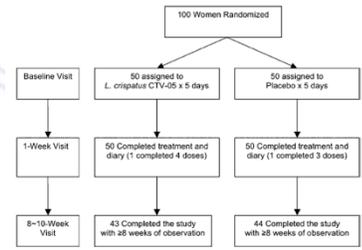
Lactobacilli

MAJOR ARTICLE

Randomized, Placebo-Controlled Phase 2 Trial of a *Lactobacillus crispatus* Probiotic Given Intravaginally for Prevention of Recurrent Urinary Tract Infection

Ann E. Stapleton¹, Melissa An-Yee Tang¹, Thomas M. Heaton¹, David N. Fredricks¹, Paula L. Roberts¹, Christopher A. Crispin², Malaya Yavov-Yarovaya³, Tina Fiedler⁴, Mariska Coe⁵, and Walter E. Stamm^{1*}

¹Department of Medicine, University of Washington and ²Vaccine and Infectious Disease Division, Fred Hutchinson Cancer Research Center, Seattle, Washington; ³Department of Medicine, University of Miami, Miami, Florida; ⁴Department of Medicine, National Jewish Health, Denver, Colorado



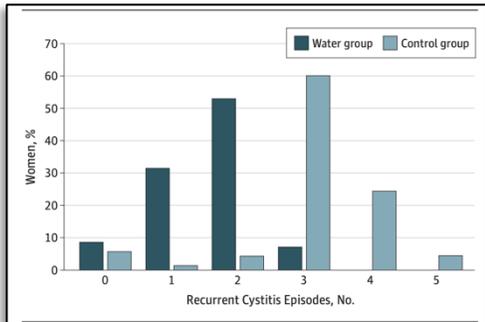
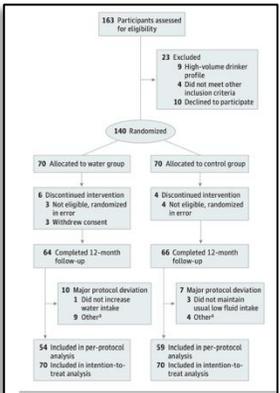
Water intake

Research

JAMA Internal Medicine | Original Investigation

Effect of Increased Daily Water Intake in Premenopausal Women With Recurrent Urinary Tract Infections: A Randomized Clinical Trial

Thomas M. Houston, MD, Marjorieanna Vecchio, PharmD, Allison Inou, PhD, Ian Tack, MD, PhD, Quentin Doron, MD, Isabelle Sakata, PhD, Yeh Liran, MD



Number of recurrent cystitis episodes during the 12-month follow-up, percent of women by study group. All 140 women who underwent randomization were included in the analysis.

CRANBERRY

Cochrane Library

Cochrane Database of Systematic Reviews

Cranberries for preventing urinary tract infections (Review)

Williams G, Hahn D, Stephens JH, Craig JC, Hodson EM

D-mannose

Cochrane Library

Cochrane Database of Systematic Reviews

D-mannose for preventing and treating urinary tract infections (Review)

Cooper TE, Teng C, Howell M, Teixeira-Pinto A, Jaure A, Wong G

Methenamine hippurate

Cochrane Library

Cochrane Database of Systematic Reviews

Methenamine hippurate for preventing urinary tract infections (Review)

Lee BS, Bhuta T, Simpson JM, Craig JC

Solco-Urovac	IM	Urol. Int. 1987; 42 : 338
	IV(ag)	J. Infect. Dis. 2001; 183 : S81
	IV(ag)	J Urol; 2003 ; 170 : 867
Uro-Vaxom	IV(ag)	J Urol; 2007 ; 177 : 1349
	po	Urologe 1988 ; 28 : 294
	po	Eur. Urol. 1994; 26 : 137
	po	Urology 2002; 60 : 521
Anti-adhésines	IM	Science 1997; 276 : 607

Methenamine hippurate may be effective for preventing UTI in patients without renal tract abnormalities, particularly when used for short-term prophylaxis. It does not appear to work in patients with neuropathic bladder or in patients who have renal tract abnormalities. Therate of adverse events was low, but poorly described

Vaccination

Vol. 329 No. 11 VAGINAL ESTRIOL FOR RECURRENT URINARY TRACT INFECTIONS — RAZ AND STAMM 753

A CONTROLLED TRIAL OF INTRAVAGINAL ESTRIOL IN POSTMENOPAUSAL WOMEN WITH RECURRENT URINARY TRACT INFECTIONS

RAUL RAZ, M.D., AND WALTER E. STAMM, M.D.

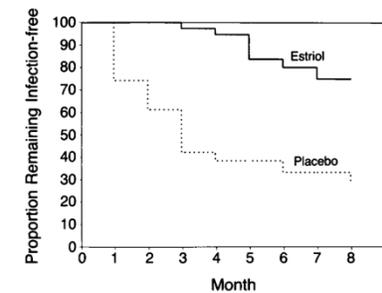


Figure 1. Kaplan-Meier Analysis Showing the Cumulative Proportions of Women Remaining Free of Urinary Tract Infections in the Estriol and Placebo Groups (P<0.001 by the Log-Rank Test).

Hormones

Résultats

Stratégies préventives

74 % avaient déjà tenté des mesures préventives

Majoritairement des stratégies non spécifiques :

changements comportementaux,
augmentation de l'apport hydrique,
miction post-coïtale,
produits à base de canneberge, probiotiques, immunostimulants

Prévention initiée **tardivement** :

60 % ont commencé une prophylaxie uniquement après ≥ 4 UTI/ an



stratégies préventives sont tardives, hétérogènes, et insuffisamment efficaces



EAU Guidelines on Urological Infections

G. Bonkat (Chair), R. Bartoletti, F. Bruyère, T. Cai,
S.E. Geerlings, B. Köves, J. Kranz, S. Schubert,
A. Pilatz, R. Veeratterapillay, F. Wagenlehner
Guidelines Associates: K. Bausch, W. Devlies,
J. Horváth, L. Leitner, G. Mantica, T. Mezei
Guidelines Office: E.J. Smith, H. Ali

Recommendations	Strength rating
Diagnose recurrent cystitis by urine culture.	Strong
Do not perform an extensive routine workup (e.g., cystoscopy, full abdominal ultrasound) in women younger than 40 years of age with recurrent cystitis and no risk factors.	Weak
Advise pre-menopausal women regarding increased fluid intake as it might reduce the risk of recurrent cystitis.	Weak
Use vaginal oestrogen replacement in post-menopausal women to prevent recurrent cystitis.	Strong
Use immunomodulatory prophylaxis to reduce recurrent cystitis in women in the context of a well-regulated clinical trial.	Weak
Advise patients on the use of local or oral probiotics, containing strains of proven efficacy, for vaginal flora regeneration to prevent cystitis.	Weak
Advise patients on the use of cranberry products, favouring juice, for symptom relief in acute cystitis and to prevent recurrence; however, patients should be informed that the quality of evidence underpinning this is low with contradictory findings.	Weak
Use D-mannose to reduce recurrent cystitis episodes, but patients should be informed of the overall weak and contradictory evidence of its effectiveness.	Weak
Use methenamine hippurate to reduce recurrent cystitis episodes in women without abnormalities of the urinary tract.	Strong
Use endovesical instillations of hyaluronic acid or a combination of hyaluronic acid and chondroitin sulphate to prevent recurrent cystitis in patients where less invasive preventive approaches have been unsuccessful. Patients should be informed that further studies are needed to confirm the results of initial trials.	Weak
Use continuous or post-coital antimicrobial prophylaxis to prevent recurrent cystitis when non-antimicrobial interventions have failed. Counsel patients regarding possible side effects.	Strong
For patients with good compliance, self-administered short-term antimicrobial therapy should be considered.	Strong

Études en cours

Recruiting 

Microbiome-Modulating Prophylaxis RCT: Antibiotic vs Gynoflor in Postmenopausal Women With Recurrent Cystitis (microbiome)

ClinicalTrials.gov ID  NCT07186465

Sponsor  Mahidol University

Information provided by  Mahidol University (Responsible Party)

Last Update Posted  2025-09-25

Recruiting 

Characterization of Vaginal, Urinary and Fecal Microbiomes in Women with Recurrent Urinary Tract Infections

ClinicalTrials.gov ID  NCT04305808

Sponsor  Hadassah Medical Organization

Information provided by  Ahinoam Lev-Sagie, Hadassah Medical Organization (Responsible Party)

Last Update Posted  2025-03-19

Completed 

Fecal Microbiota Transplantation for the Treatment of Recurrent Urinary Tract Infections

ClinicalTrials.gov ID  NCT03050515

Sponsor  University of California, Irvine

Information provided by  Felicia Lane, University of California, Irvine (Responsible Party)

Last Update Posted  2020-06-18

Terminated 

No longer with institution

Recurrent Urinary Tract Infections and the Microbiome

ClinicalTrials.gov ID  NCT04831840

Sponsor  University of Miami

Information provided by  Laura Martin, University of Miami (Responsible Party)

Last Update Posted  2024-05-21

Completed 

Probiotics Effect on the Female Urinary Microbiome ProFUM Trial (Probiotics Effect on the Female Urinary Microbiome) (ProFUM)

ClinicalTrials.gov ID  NCT03250208

Sponsor  Loyola University

Information provided by  Elizabeth Mueller, Loyola University (Responsible Party)

Last Update Posted  2019-02-01

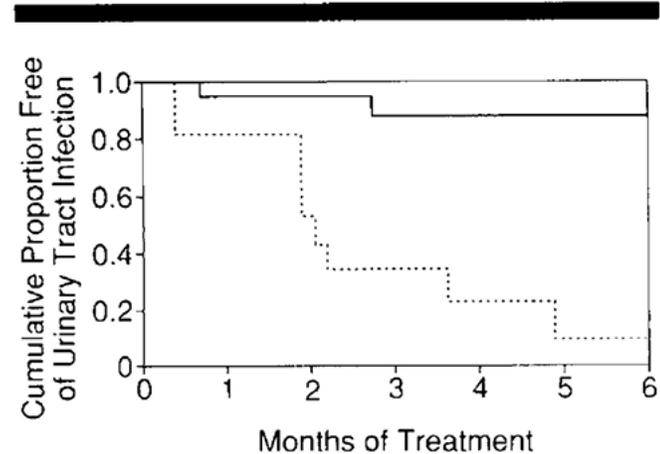


Postcoital Antimicrobial Prophylaxis for Recurrent Urinary Tract Infection

A Randomized, Double-blind, Placebo-Controlled Trial

Ann Stapleton, MD; Robert H. Latham, MD; Carolyn Johnson, ARNP; Walter E. Stamm, MD

	Trimethoprim-Sulfamethoxazole (n=16)	Placebo (n=11)
Median age, y	23	23
White, %	100	78
Unmarried, %	88	91
Diaphragm users, %	69	91
Gravida 0, %	94	100
Median No. of urinary tract infections in past year	3	4
Median No. of lifetime urinary tract infections	4.5	8
No. of intercourse episodes in past month	10	10
Median No. of lifetime sexual partners	8	5



Cumulative proportion of patients who remained infection free during 6 months of postcoital prophylaxis with a combination product of trimethoprim-sulfamethoxazole or placebo. Solid line indicates patients who took trimethoprim-sulfamethoxazole; dotted line, patients who took placebo ($P = .0001$).



Original article

MANCOIT study: Pilot study on the prevention of recurrent postcoital urinary tract infection in women with d-mannose plus proanthocyanidins (PAC)

Estudio MANCOIT: Estudio piloto sobre la prevención de la infección urinaria postcoital recurrente en mujeres mediante la combinación de d-manosa y proantocianidinas (PAC)

E. López Pérez^{a,*}, V. García-Astillero Vallecillo^a, J.M. Gómez de Vicente^a, S. Bravo Marín^a, Á. Yebes^{id a}, C. de Castro Guérín^a, M.J. García-Matres y Cortés^a, J.A. Maínez Rodríguez^a, N. Cámara Llorente^a, C. Iglesias García^b, L. Martínez-Piñeiro Lorenzo^a

^a Servicio de Urología, Hospital Universitario La Paz, Madrid, Spain
^b Clinical Partner & Innovation S.L., Madrid, Spain

Evolution of the Patient Global Impressions (PGI) -Improvement. Qualitative.

	Visit 1		Visit 2	
	n	%	n	%
Very much better	5	22.73%	6	28.57%
Much better	9	40.91%	11	52.38%
A little better	5	22.73%	1	4.76%
The same	3	13.64%	2	9.52%
Much worse	0	0.00%	1	4.76%
	22		21	

		No. of patients	%
UTI episode(s) after V0 (visit 1–3 months)	NO	13	59.1
	YES	9	40.9
UTI episode(s) after V1 (visit 2–6 months)	NO	16	76.2
	YES	5	23.8

Après 6 mois, 53,6 % des patientes n'ont présenté aucun nouvel épisode d'UTI, et 76,2 % étaient sans infection à la fin du suivi



Aust. N.Z.J. Obstet. Gynaec.
(1979) 19: 123

A Simple Operation for Postcoital Urethrotigonitis in Women

David Blackledge¹

*Dubbo Base Hospital, New South Wales**

The present series of 22 patients were operated on from 1967 to 1974. Only one patient has had a recurrence of post-coital urinary tract infection to date.

THE JOURNAL OF UROLOGY
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Vol. 107, April
Printed in U.S.A.

URETHRAL-HYMENAL ADHESIONS AND RECURRENT POST-COITAL CYSTITIS: TREATMENT BY HYMENOPLASTY

ALAN R. ALEXANDER, PAUL M. MORRISSEAU AND GUY W. LEADBETTER, JR.

From the Division of Urology, University of Vermont Medical School, Burlington, Vermont

	Group 1 Related to Coitus	Group 2 Not Related to Coitus
No. patients	13	5
Average age (yrs.)	23	31
Average duration of symptoms (mos.)	30	62
Hymenotomy alone	3	2
Hymenotomy and urethrotomy	10	3
Success	11 (85%)	1 (20%)



CLINICAL ARTICLE

Long-term efficacy of complete trigonal electrofulguration for women with recurrent urinary tract infections

Leopoldo Ribeiro-Filho | Caio V. Suartz  | Natalia D. S. F. Braz |
 Matheus Siqueira | Felipe Hirasaki | Anuar I. Mitre | Cristiano M. Gomes  |
 William C. Nahas

	Squamous metaplasia		Erosive trigonitis	
<i>n</i>	31		42	
Free of UTI				
12 months	29/31	(93%)	41/42	(97%)
18 months	20/31	(64%)	32/42	(69%)
24 months	15/31	(48%)	27/42	(64%)
Re-electrofulguration	4	1		



FIGURE 1 Trigonal aspect with trigonitis before of the fulguration



FIGURE 2 Trigonal endoscopic monopolar electrocoagulation aspect

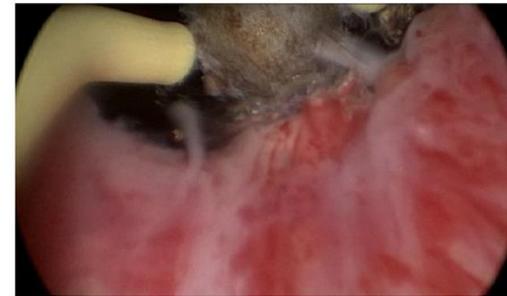
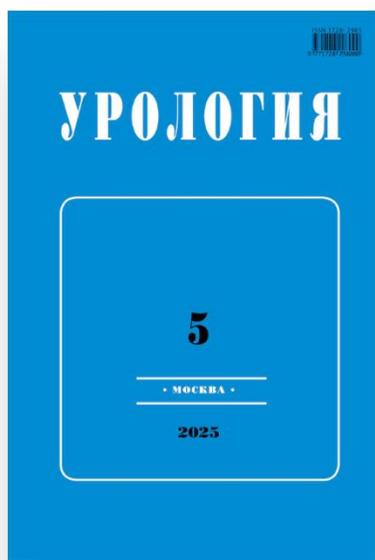


FIGURE 3 Bladder neck endoscopic monopolar electrocoagulation aspect





1) Méthode

Objectif

Évaluer l'impact de la cystite post-coïtale récurrente sur la **qualité de vie** et la **fonction sexuelle** avant et après une **transposition de l'urètre**.

Design de l'étude

- **Type** : étude observationnelle avant/après.
- **Période** : interventions réalisées entre **2019 et 2021**.
- **Population** : **70 femmes** souffrant de cystite post-coïtale récidivante.

Mesures de résultats

- **Qualité de vie** : questionnaire **SF-12v2**.
- **Sexualité** : **Female Sexual Function Index (FSFI)**.
- **Chronologie** : questionnaires remplis **avant et après** l'intervention.

2) Résultats

Qualité de vie

- Tous les **domaines du SF-12** ont montré une **amélioration statistiquement significative** après la chirurgie.
- L'amélioration la plus marquée concerne les aspects liés à la **santé mentale**.

Fonction sexuelle

- Tous les **domaines du FSFI** (désir, excitation, lubrification, orgasme, satisfaction, douleur) ont montré des **améliorations significatives** après transposition urétrale.
- Le score global FSFI postopératoire était significativement plus élevé que le score de base.





Contents lists available at ScienceDirect

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journal homepage: www.elsevier.com/locate/mehy



The aberrant urethral meatus as a possible aetiological factor of recurrent post-coital urinary infections in young women

Kostis Gyftopoulos

Department of Anatomy, University of Patras Medical School and Olympion Hospital, Patras, Greece



Actas Urológicas Españolas

www.elsevier.es/actasuro



ARTÍCULO ORIGINAL

Comparación de la distancia anogenital y antropometría del periné en pacientes con y sin prolapso de órganos pélvicos



DOI: 10.1111/1471-0528.12627
www.bjog.org

Epidemiology

Longer anogenital distance is associated with higher testosterone levels in women: a cross-sectional study

MP Mira-Escolano,^a J Mendiola,^{a,b} L Mínguez-Alarcón,^a M Melgarejo,^c A Cutillas-Tolín,^a M Roca,^b JJ López-Espín,^d JA Noguera-Velasco,^c AM Torres-Cantero^{a,e}

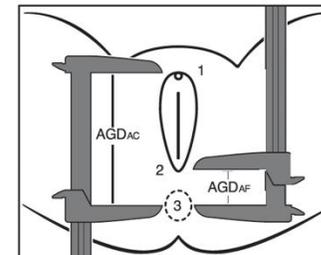
Table 2. Multivariable linear regression models for serum reproductive hormones and AGD measures

Serum reproductive hormones	AGD _{AC}						AGD _{AF}					
	Unadjusted			Adjusted*			Unadjusted			Adjusted*		
	β	95%CI	P-value	β	95%CI	P-value	β	95%CI	P-value	β	95%CI	P-value
FSH	-0.008	-0.047, 0.031	0.70	-0.008	-0.049, 0.034	0.72**	0.043	-0.022, 0.108	0.19	0.029	-0.040, 0.098	0.41**
Testosterone	0.003	0.000, 0.006	0.03	0.002	-0.001, 0.005	0.16**	0.007	0.003, 0.011	0.002	0.006	0.001, 0.010	0.02**
LH	0.003	-0.050, 0.057	0.91	-0.019	-0.079, 0.041	0.53	0.046	-0.043, 0.136	0.31	0.001	-0.105, 0.106	0.99
Prolactin	1.127	-1.353, 3.608	0.37	0.563	-2.121, 3.248	0.68***	2.765	-1.287, 6.816	0.18	2.138	-2.335, 6.611	0.35***
Estradiol	0.247	-0.167, 0.661	0.24	-0.016	-0.482, 0.451	0.95	0.185	-0.519, 0.888	0.60	-0.210	-1.017, 0.596	0.61

*Controlling for current BMI and hormonal contraception.

**Controlling also for season of the year.

***Controlling also for time of day when the blood sample was obtained.



Take-home messages

- Singularité des Cystites Post-coitales
- Antibiotiques à éviter
- Impact de la chirurgie
- AVENIR :
 - hormonothérapie,
 - microbiote,
 - dispositifs intra vésicaux ou urétraux....

