

**P2736 Infectious complications after insertion of a ureteral catheter for obstructive urolithiasis**

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**Background:**

Obstructive renal colic (ORC) is the main indication of ureteral catheter (or JJ stent). Few information are available about infectious complications, especially in the era of multidrug-resistant bacteria (MDR) in the field of urinary tract infections. Our aim was to study infectious complications after a ureteral catheter's insertion for ORC.

**Materials/methods:**

This was a prospective multicentre cohort study over a 4-months period including all patients with ORC requiring surgery for a double J catheter. Clinical data, microbiological information and patient's outcomes were filled until the catheter was removed.

**Results:**

In 4 French private clinics 175 patients were included, mean age  $57 \pm 16$  years, sex ratio M / F = 1.7. A urine culture was performed in 151 (86%) patients before JJ catheter insertion, and 28 (19%) were positive. Eighty-three patients (47%) received an antibiotic therapy during surgery, including 62 (35%) prophylaxis (AP) and 21 (12%) empirical antibiotic therapy. Cefuroxime accounted for 83% of the AP. AP was variously administered depending on the centre, ranging from 7% to 74%. There was an association between whether or not a urine culture was performed and the absence of AP: 70% vs 30%,  $p < 0.001$ . Follow-up until stent removal concerned 165 patients. The JJ catheter remained in place for  $19 \pm 12$  days, and 9/165 (5.4%) patients presented with pyelonephritis, including 2 cases related to *Enterococcus faecalis* and 1 case related to a MDR strain (*Enterobacter aerogenes* hyperCase). Seven out of 9 patients were hospitalized, including 1 in intensive care unit. All patients presented with a favourable outcome. In total, 8.2% of patients who did not receive an AP had a healthcare-associated infection vs 2.0% of those who had a AP ( $p = 0.13$ ).

**Conclusions:**

The incidence of urinary tract infections after a JJ catheter's insertion for ORC was 5.4%. The absence of AP was associated with a trend towards more healthcare-associated infections. The AP is realized depending on the institutions, its absence being associated with preoperative urine culture.

