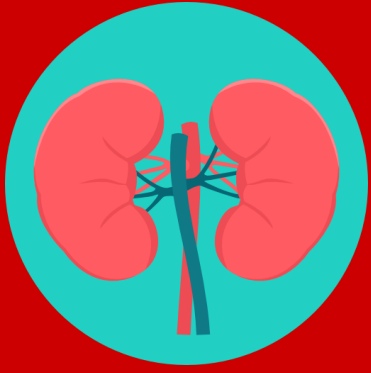


# My top 5 takes on a paper titled

Antibiotics versus no therapy in kidney transplant recipients with asymptomatic bacteriuria (ABU): a pragmatic, multicentre, randomised controlled trial

1



Screen-and-treat strategy for ABU post kidney transplant is a common practice. However, an updated meta-analysis (of 2 small RCTs and 1 quasi-RCT; total N= 287) by the authors does not support this

2

A randomized, parallel-group trial was carried out in 13 sites involving adult kidney transplant recipients who had ABU  $\geq 2$  months post transplantation. They were randomized at 1:1 for therapy vs. none and stratified by sex and age;  $<50$  and  $\geq 50$  years old.

No therapy

VS.

Antibiotics

10 days

Follow-up

For 12 months, and the visits scheduled at 1, 2, 4, 6, 8, 10 and 12 months

The primary outcome was the symptomatic UTI during the 1-year FU.

3

- 199 patients were enrolled and 100 received antibiotics
- 27.1 % were in the first post-transplant year (54/199)
- $>90\%$  had urine culture performed
- *E. coli* was the commonest org. (63.6%)
- FQ was the most fav. antibiotic (27%)

## 4 Outcomes

29.1 % developed at least 1 symptomatic UTI. The risk of symptomatic UTI was similar in both arms (HR 0.83 [95% CI: 0.50-1.40],  $p=0.49$ ).

Antibiotics **DID NOT** significantly reduce the cumulative incidence of symptomatic UTI in any of the pre-specified subgroups.



Take home message

Using a screen-and-treat strategy for ABU **did not** improve clinical outcomes in kidney transplants patients at 2 months or more after the transplant.

In fact, it promoted antibiotic use as well as emergence of antibiotic resistance.