#### **Diabetes and UTI**

Increased incidence/prevalence

 Symptomatic UTI
 ASB
 Relationship of ASB to Sx UTI

#### **Diabetes and UTI**

Risk factors (med vs. urologic)
 – PH of UTI, coitus, vag EC

- -Insulin, OH, control, BMI
- Structural/functional abnormality
- -Catheter
- -Severity/duration, angiopathy, PMN
- -Race, ethnicity

### Shortcomings of Many earlier Studies

 Few cohort studies, generally case/control, cross-sectional, retrospective

- Most done in women, Type II
- No adjustment for comorbidities
- Done before modern glycemic control

# Newer Concepts of UTI Pathogenesis

Vaginal ecology and EC colonizationUrovirulence in E.coli

 Mucosal host response and innate immunity

Bacterial invasion

# Interplay Between Innate Host Defenses and UPEC within the





Postulated Sequence of Events in Urinary Tract





# Altered Microbial Ecology of Vagina and UTI



\* Other factors interact

#### Uropathogenic E. coli

- Selected O, H, K clones
   (O1:K1:H7, O4:K12:H7, etc.)
- Multiple genetic determinants

   (pap, hly, cnf, aer)
   (pathogenicity islands)
- Disease association (pap)
   AUPN, sepsis 74-100%
   Cystitis 50-60%
   Fecal 10-30%

Uncommon in complicated UTI

#### Fimbrial Type by Clinical Presentation



# Interaction of *E. coli* with Uroepithelial Cells



## Clinical Severity/Manifestations of UTI in Diabetes

- Many infections proceed normally
- Severe outcomes in some
  - Pyelonephritis, urosepsis
  - Emphysematous cystitis/PN
  - Papillary necrosis, abscess
- Unusual pathogens
  - Klebsiella, other unusual GNR
  - Enterococci, GBS
  - Candida
- Relationship of ASB to UTI

#### Spectrum of UTI in DM

- Asymptomatic bacteriuria
- Acute cystitis

  Emphysematous cystitis (> 90% DM)

  Acute pyelonephritis

  Perinephric abscess (12-42% DM)
  Papillary necrosis (50-60% DM)
  Emphysematous PN (> 90% DM)
- Bacteremia (UTI source)

# Evolution of ABR *E. coli* in UTI (Outpatient, Women)





