Infection and Drug Resistance

LETTER

Prevalence and Antimicrobial Sensitivity Patterns of Uropathogens in Wad Medani, Sudan: A Three Year, Cross-Sectional Study [Letter]

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Dear editor

I have read a research article entitled "Prevalence and Antimicrobial Sensitivity Patterns of Uropathogens in Wad Medani, Sudan: A Three Years, Cross-Sectional Study" by Yousif B Hamadalneel, Hifa O Ahmed, Marwa F Alamin, Walaa M Almahy, Zainab M Almustafa, Yousif M Yousif, Mohammed A Taha.¹ I would like to congratulate the author on this successful article, and make a contribution. This research provides valuable insight into the prevalence of uropathogens in Wad Medani, Sudan, and their antimicrobial sensitivity patterns. By identifying the common bacterial uropathogens associated with urinary tract infections in this region and determining their susceptibility to antibiotics, the study contributes to understanding the local epidemiology of UTIs and guiding appropriate empirical antibacterial therapy. The findings highlight the importance of monitoring antimicrobial resistance patterns, especially in developing countries like Sudan, to combat the global challenge of antimicrobial resistance.

Although this research has advantages, this research also has several limitations that need to be considered in future research other than those presented by researchers in this journal. 1) this study did not consider confounding variables, such as patient comorbidities, history of previous antibiotic use, health service related factors, and patient socioeconomic status. These variables may influence the relationship between uropathogen prevalence and antimicrobial sensitivity patterns, thereby influencing study results.² Failure to control for confounders can lead to biased results. Researchers need to account for and control for these confounding variables to ensure the validity and reliability of their findings. 2) The study data collection period from 2021 to 2023 may not capture seasonal variations or temporal trends in patterns of uropathogen prevalence and antimicrobial sensitivity, so the analysis in this study may not take into account temporal trends in antimicrobial resistance patterns among uropathogens. Failure to consider changes over time may limit understanding of the development of antibiotic resistance profiles and effectiveness. 3) The research's reliance on urine samples collected from patients in certain locations such as Wad Medani influences the generalization of the research results. These samples may not be representative of the diversity of uropathogens and antimicrobial resistance patterns in other regions or health care settings.^{3,4} Uropathogen prevalence and antimicrobial resistance patterns may vary geographically due to differences in health care practices, demographics, and environmental factors. In context epidemiology, including population density, sanitation practices and access to health services, may not be representative of other areas. These factors may influence the dynamics of uropathogen transmission and the development of antimicrobial resistance.

Disclosure

The author reports no conflicts of interest in this communication. The author alone is responsible for the content and writing of the paper.

2623

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https://doi.org/10.2147/IDR.S483116

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