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Prevalence of Shigella species and their antimicrobial resistance patterns at Amirkola children hospital, North

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Abstract:

Objective: In the few cases of acute childhood diarrhea that require antimicrobial therapy, the correct choice of the drug depends on detailed previous knowledge of local strains and pattern of antimicrobial resistance. Shigellosis is one of the most important examples in this group of intestinal infections. In order to establish such parameters in our city this study was carried out to determine the prevalence and pattern of antimicrobial resistance of Shigella species among patients with acute diarrhea admitted to the Amirkola children's hospital, North of Iran. Material & Methods: The study included all patients with acute diarrhea, 6 months to 12 years of age, who were admitted to the Amirkola children's hospital during March 2001 to March 2004. Incidence, phenotypic characteristics and antimicrobial resistance patterns of Shigella strains, isolated from hospitalized children with acute diarrhea, were studied Findings: We received 260 positive cultures for Shigella out of 1850 stool samples during 3 years (14.05%). Shigella specimens presented a high resistance rate to trimethoprim-sulfamethoxazole (73.84%) and ampicillin (73.84%), and low resistance rate to Ciprofluxacine (2.69%) and cefotaxim (2.69%). S. flexneri (70%) was most frequently isolated, followed by S. Sonnei (30 %). No cases of S. boydii and S. dysenteriae were found. Conclusion: Our results provide data on antimicrobial resistance to choose a proper antibiotic for Shigellosis in our community. According to our findings cefotaxime for pediatric patients and quinolone derivatives for adult patients are the proper drug choices. Systematic monitoring is needed to identify changes in prevalence and antimicrobial resistance pattern.

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