

RESULTS

The study was carried out on 76 patients admitted to the Pediatric Department (including 26 admitted to the ward, 13 to the ICU and 37 to the NICU) and were having prolonged vascular catheterization > 12 hrs. They were 40 males and 36 female as shown in table (9). Their ages ranged from 3 days to 10 years and grouped into 3 groups as shown in table (10).

Table {9} Sex distribution of the studied subjects

Sex	No.	%
Male	40	52.7
female	36	47.3
Total	76	100

Table {10} Age groups of the studied subjects

Age group	No.	%
<1month	40	52.6
1-12months	20	26.3
>12months-10 years	16	21.1
Total	76	100

The samples were 27 CVC tips, 24 umbilical catheter tips and 25 peripheral catheter tips with concomitant blood culture samples. Forty five (59.2%) of those catheters were positively colonized when cultured by the semiquantitative method, where as there were 22 (29%) positive

blood culture results; 14 (18.4%) were catheter related infection [the same organism was isolated from both the catheter culture and blood culture with the same antibiogram pattern and absence of any obvious focus of infection] and 8 (10.5%) were catheter unrelated infection.

Analysis of Risk Factors

1) Age:

Table {11} the catheter colonization in different age groups of the studied patients.

Age	colonization	
	-ve n (%)	+ve n (%)
<1month (n=40)	15 (37.5)	25 (62.5)
1-12 months (n=20)	8 (40)	12 (60)
>12 months (n=16)	8 (50)	8 (50)

$$X^2 = 0.746$$

$$P = > 0.05$$

Table (11) shows insignificant statistical effect of age with catheter colonization.

Figure {11} distribution of the diagnosed CRBSI among different age groups

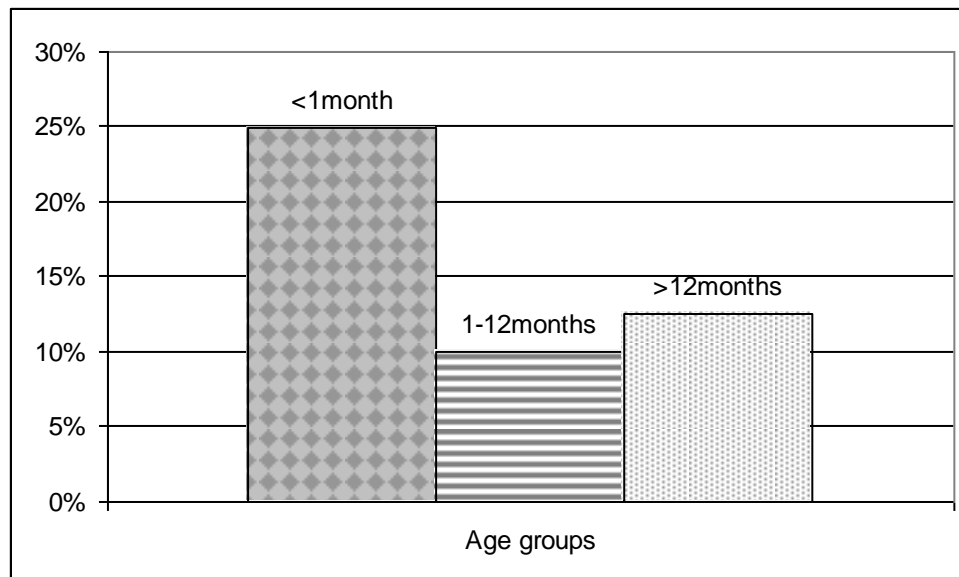


Figure (11) shows that the majority of the CRBSI were found in the patients of < 1 month old.

Table {12} distribution of the diagnosed CRBSI among different age groups

Age	CRBSI	
	-ve n (%)	+ve n (%)
<1month (n=40)	30 (75)	10 (25)
1-12 months (n=20)	18 (90)	2 (10)
>12 months (n=16)	14 (87.5)	2 (12.5)

$$X^2 = 2.469$$

$$P = > 0.05$$

Table (12) shows a statistically non significant effect of the age on CRBSI. **But**, the most cases of CRBSI were diagnosed in patients less than 1 month old.

2) Weight:

Table {13} relation of patients' weight with catheters colonization

Catheter colonization	Weight mean \pm S.D. (kg)
Sterile catheters	7.48 \pm 6.22
Colonized catheters	5.19 \pm 5.23

$$T = 1.76$$

$$P = > 0.05$$

Table (13) shows a statistically non significant relation between weight & catheter colonization.

Table {14} relation of patients' weight with CRBSI

CRBSI	Weight Mean \pm S.D. (kg)
positive	3.19 \pm 3.95
negative	6.79 \pm 5.91

$$T = 2.17$$

$$P = < 0.05$$

Table (14) shows a statistically significant relation between weight & CRBSI.

3) Catheter type:

Table {15} relation between catheter type and colonization

catheter type	colonization	
	-ve n (%)	+ve n (%)
Central (n=27)	9 (33.3)	18 (66.7)
Umbilical (n=24)	10 (41.7)	14 (58.3)
Peripheral (n=25)	12 (48)	13 (52)

$$X^2 = 1.167$$

$$P = > 0.05$$

Table (15) shows that the catheter type has a statistically non significant effect on catheter colonization.

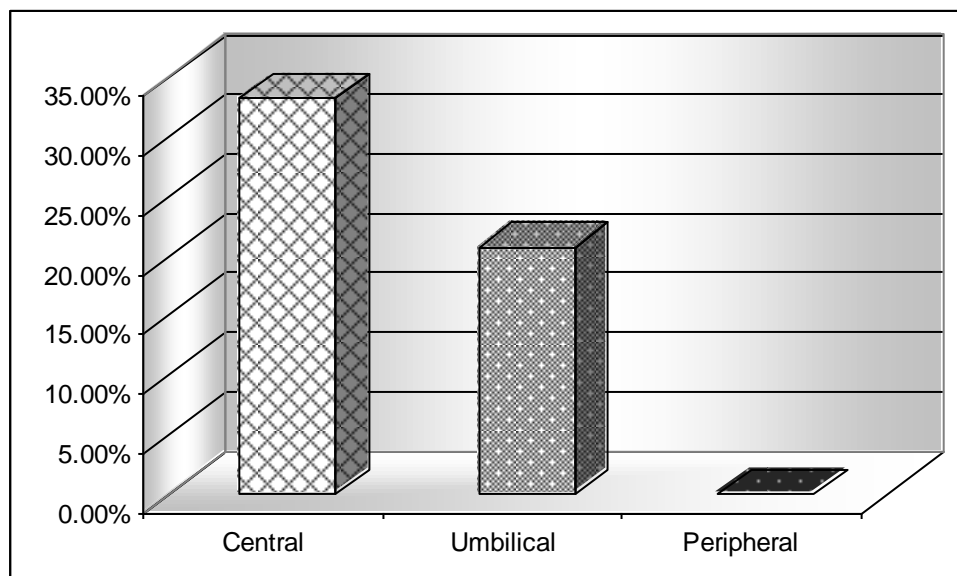
Figure {12} relation between catheter type and CRBSI

Figure (12) shows the diagnosed cases of CRBSI with different catheter types. Most cases occur with CVCs followed by the umbilical catheters while no cases were diagnosed with the peripheral catheters.

Table {16} relation between catheter type and CRBSI

catheter type	CRBSI	
	-ve n (%)	+ve n (%)
Central (n=27)	18 (66.7)	9 (33.3)
Umbilical (n=24)	19 (79.2)	5 (20.8)
Peripheral (n=25)	25 (100)	0 (0)

$$X^2 = 9.733$$

$$P = < 0.05$$

Table (16) shows that that catheter type has a statistically significant effect on CRBSI; CVCs were associated with the highest rates of CRBSI while no CRBSI occurred with peripheral catheters.

4) Number of attempts at catheter insertion:

Table {17} Number of insertion attempts and colonization in different catheter types

Catheter type	No of attempts	Colonization		X^2	P
		-ve n (%)	+ve n (%)		
CVCs	one (n=17)	6 (35.3)	11 (64.7)	0.02	> 0.05
	> one (n=10)	3 (30)	7 (70)		
umbilical catheters	one (n=16)	8 (50)	8 (50)	0.54	> 0.05
	> one (n=8)	2 (25)	6 (75)		
peripheral catheters	one (n=10)	8 (80)	2 (20)	4.87	<0.01
	> one (n=15)	4 (26.7)	11 (73.3)		

Table (17) shows a statistically non significant effect of number of attempts at catheter insertion on central venous catheters and umbilical catheters colonization, whereas it has a statistically significant effect on peripheral catheters colonization.

Table {18} Number of insertion attempts and CRBSI in different catheter types

Catheter type	No of attempts	CRBSI		X^2	P
		-ve n (%)	+ve n (%)		
CVCs	One (n=17)	11 (64.7)	6 (35.3)	0.02	> 0.05
	>one (n=10)	7 (70)	3 (30)		
umbilical catheters	One (n=16)	13 (81.3)	3 (18.7)	0.032	> 0.05
	>one (n=8)	6 (75)	2 (25)		

Table (18) shows a statistically non significant effect of number of attempts at catheter insertion on central venous catheters & umbilical CRBSI.

5) Duration of catheterization:

Table {19} duration of catheter insertion and colonization of the different types of catheters

Catheter type	colonization	Duration Mean ± S.D.	<i>T</i>	<i>P</i>
CVCs	+ve	10.1 ± 5.29	2.4	< 0.05
	-ve	6.1 ± 2.66		
Umbilical catheters	+ve	7.2 ± 4.43	3.87	< 0.001
	-ve	1.7 ± 0.64		
Peripheral catheters	+ve	3.9 ± 1.21	3.56	< 0.01
	-ve	2.5 ± 0.65		

Table (19) shows a statistically significant effect of duration of insertion on the colonization of the three catheter types.

Table {20} duration of catheter insertion and CRBSI with different catheter types

Catheter type	colonization	Duration Mean ± S.D.	<i>T</i>	<i>P</i>
CVCs	+ve	12.1 ± 5.3	3.56	< 0.01
	-ve	6.4 ± 3.06		
Umbilical catheters	+ve	9.4 ± 4	3.08	< 0.01
	-ve	3.7 ± 3.46		

Table (20) shows a statistically highly significant effect of duration of insertion on CVCs & Umbilical catheters related bacteremia.

6) Site of peripheral catheter insertion:

Figure {13} Rate of peripheral catheter colonization in different sites of insertion

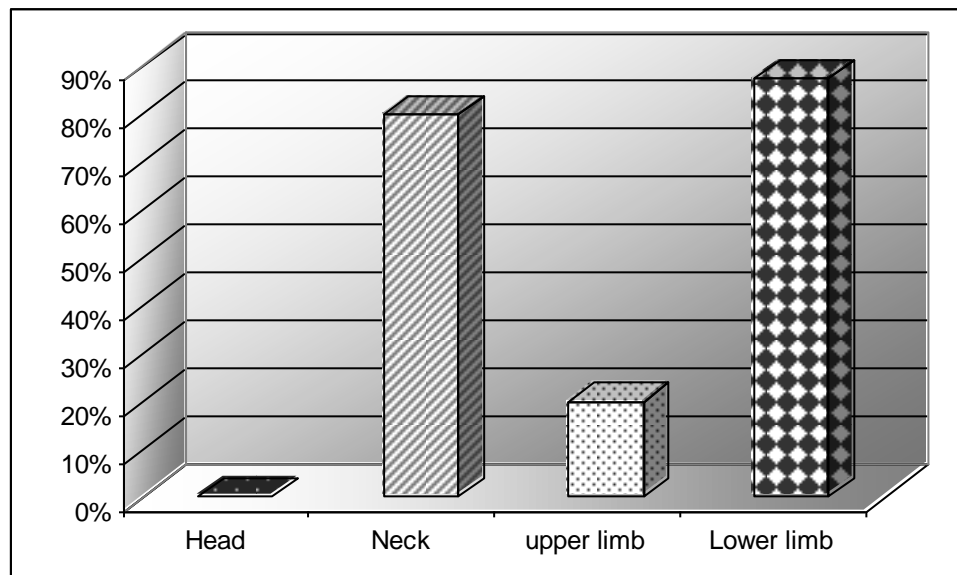


Figure (13) shows that the highest colonization rate was detected with the lower limb catheters.

Table {21} Rate of peripheral catheter colonization in different sites of insertion

site of peripheral catheter	colonization	
	-ve n (%)	+ve n (%)
Head (n=4)	4 (100)	0 (0)
Neck (n=5)	1 (20)	4 (80)
upper limb (n=8)	6 (75)	2 (20)
Lower limb (n=8)	1 (12.5)	7 (87.5)

$$X^2 = 12.279$$

$$P = < 0.05$$

Table (21) shows that the site of peripheral catheter insertion has a statistically significant effect on catheter colonization. The highest colonization rate was in those inserted in the lower limbs.

7) Site of admission:

Table {22} catheters colonization in different hospital admission sites

site of admission	colonization	
	-ve n (%)	+ve n (%)
Ward (n=26)	13 (50)	13 (50)
ICU (n=13)	6 (46.2)	7 (35.8)
NICU (n=37)	12 (32.4)	25 (67.6)

$$X^2 = 2.138$$

$$P = > 0.05$$

Table (22) shows a statistically non significant effect of the site of hospital admission on catheters colonization.

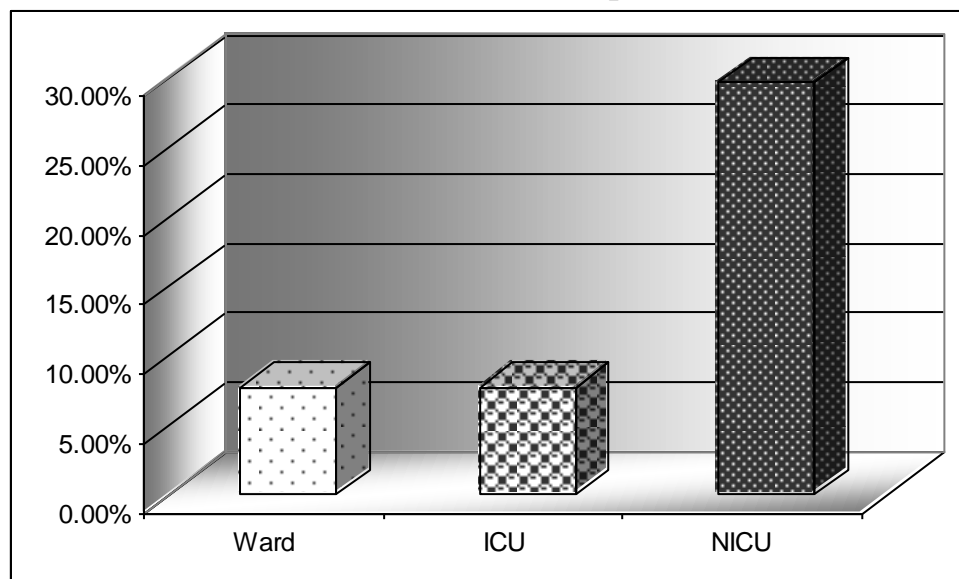
Figure {14} CRBSI in different hospital admission sites

Figure (14) shows that the majority of the CRBSI were found in the NICU.

Table {23} CRBSI in different hospital admission sites

site of admission	CRBSI	
	-ve n (%)	+ve n (%)
Ward (n=26)	24 (92.3)	2 (7.7)
ICU (n=13)	12 (92.3)	1 (7.7)
NICU (n=37)	26 (70.3)	11 (29.7)

$$X^2 = 6.136$$

$$P = < 0.05$$

Table (23) shows a statistically significant effect of the site of admission on CRBSI; the highest rates of CRBSI were occurred in the NICU.

8) Medical condition:

Figure {15} catheter colonization in different medical conditions

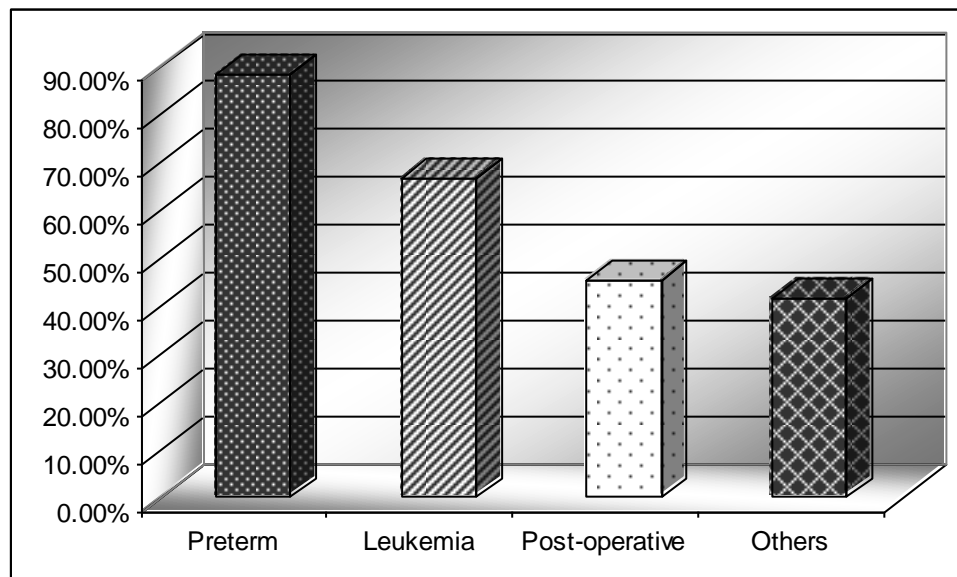


Figure (15) shows that the majority of the colonized catheters were found in preterm cases.

Table {24} catheter colonization in different medical conditions

Disease	Colonization	
	-ve n (%)	+ve n (%)
Preterm (n=26)	3 (11.5)	23 (88.5)
Leukemia (n=3)	1 (33.3)	2 (66.7)
Post-operative (n=11)	6 (54.5)	5 (45.5)
Others (n=36)	21 (58.3)	15 (41.7)

$$X^2 = 14.729$$

$$P = < 0.05$$

Table (24) shows a statistically significant effect of the medical condition on catheter colonization.

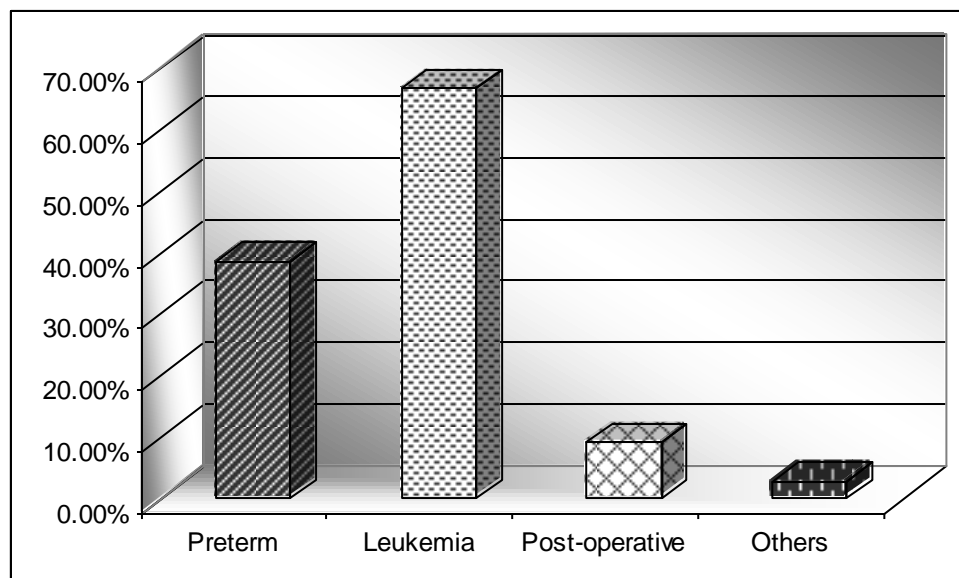
Figure {16} CRBSI in different medical conditions

Figure (16) shows that the majority of the CRBSI were diagnosed in preterms.

Table {25} CRBSI in different medical conditions

Disease	CRBSI	
	-ve n (%)	+ve n (%)
Preterm (n=26)	16 (61.5)	10 (38.5)
Leukemia (n=3)	1 (33.3)	2 (66.7)
Post-operative (n=11)	10 (90.9)	1 (9.1)
Others (n=36)	35 (97.2)	1 (2.8)

$$X^2 = 18.095$$

$$P = < 0.05$$

Table (25) shows a statistically significant effect of the medical condition on CRBSI.

Isolated Microorganisms

Table {26} Microorganisms diagnosed in catheter colonization

isolated Microorganism	CVCs	Umbilical catheters	Peripheral catheters	Total	
				No	%
<i>CNS</i>	3	2	10	15	33.33
<i>Pseudomonas</i>	4	3	0	7	15.6
<i>Candida albicans</i>	1	3	2	6	13.33
<i>Staphylococcus aureus</i>	4	0	1	5	11.11
<i>E.coli</i>	3	2	0	5	11.11
<i>Enterobacter</i>	1	1	0	2	4.44
<i>Micrococcus</i>	1	1	0	2	4.44
<i>Klebsiella</i>	0	1	0	1	2.22
<i>Mixed</i>	1	1	0	2	4.44
Total	18	14	13	45	100

Out of 76 cultured catheters 45(59.2%) were colonized. *CNS* was the most frequently isolated organism (33.33%), followed by *Pseudomonas* (15.6%), *Candida albicans* (13.33%), *Staphylococcus aureus* & *E.coli* (11.11%) as illustrated in table (26) &figure (20).

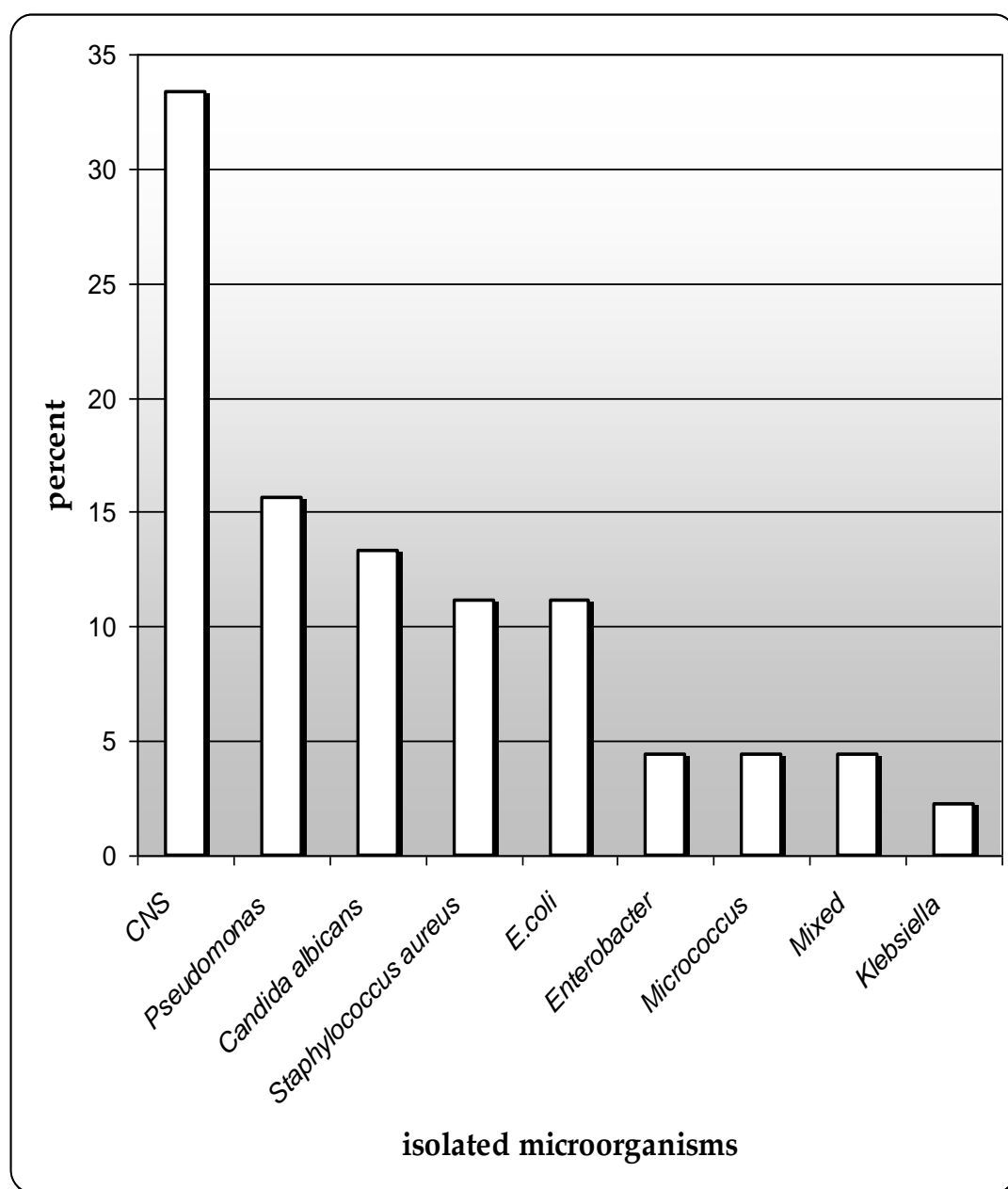
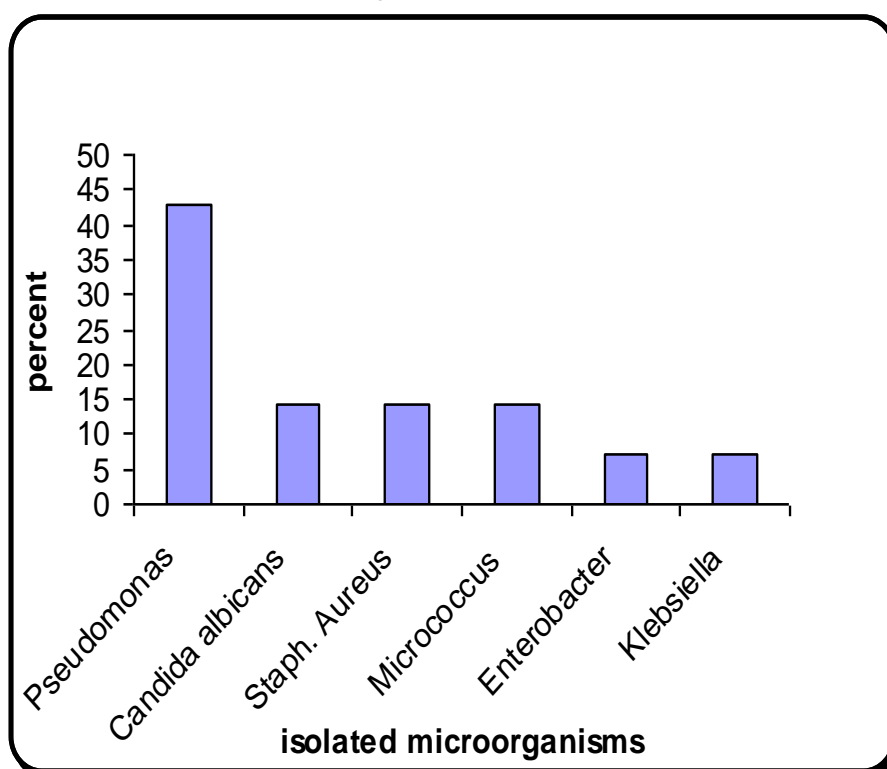
Figure {17} Microorganisms diagnosed in catheter colonization

Table {27} Microorganisms associated with CRBSI

isolated Microorganism	No	%
<i>Pseudomonas</i>	6	42.9
<i>Candida albicans</i>	2	14.3
<i>Staphylococcus aureus</i>	2	14.3
<i>Micrococcus</i>	2	14.3
<i>Enterobacter</i>	1	7.1
<i>Klebsiella</i>	1	7.1
Total	14	100

Table (27) & figure (18) show that *Pseudomonas* was the commonest organism isolated from the cases of CRBSI.

Figure {18} Microorganisms associated with CRBSI

Antibiotic susceptibility of the isolated organisms

Table {28} Antibiotic susceptibility of the isolated strains from CRBSI

organism	Case no.	CL	CIP	E	GN	MET	TE	VA	P	C
<i>Pseudomonas</i>	8	R	S	R	S	R	S	R	R	R
	10	R	S	R	S	R	S	R	R	R
	16	R	S	R	S	R	S	S	R	R
	27	R	S	R	S	R	S	S	R	S
	33	R	S	R	S	R	S	R	R	R
	47	R	S	R	S	R	S	S	R	S
<i>Klebsiella</i>	30	R	S	R	S	R	R	S	R	S
<i>Enterobacter</i>	18	R	S	R	R	R	R	R	R	S
<i>Staphylococcus aureus</i>	12	R	S	R	R	R	R	S	R	R
	15	R	S	R	R	R	R	S	R	R
<i>Micrococcus</i>	20	S	S	R	S	R	S	S	R	S
	31	S	S	R	S	R	S	S	R	S

(CL, Cephalexin; CIP, Ciprofloxacin; E, Erythromycin; GN, Gentamycin; MET, Methicillin; TE, Tetracycline; VA, Vancomycin; P, Penicillin; C, Chloramphenicol; R, Resistant; S, Susceptible)

Direct catheter staining with Gram stain and acridine orange:

Twenty four umbilical and 25 peripheral catheters were examined by direct staining (Gram and acridine orange stains) whereas the CVCs were excluded due to their opaque material that made it impossible to be examined under the microscope.

Table {29} Relationship between direct catheter staining with Gram and acridine orange stains and results obtained with the semiquantitative catheter culture

	Catheter culture		total	Sensitivity (%)	Specificity (%)
	+ ve	-ve			
<u>Gram stain</u>				41	82
+ ve	11	4	15		
-ve	16	18	34		
total	27	22	49		
<u>Acridine orange stain</u>				67	73
+ ve	18	6	24		
- ve	9	16	25		
total	27	22	49		

This table shows the sensitivity and specificity of both Gram and acridine orange staining of catheter tips in relation to the semiquantitative catheter culture. Gram stain is less sensitive and more specific than the acridine orange stain.



Figure {19} acridine orange staining of catheter tip colonized with candida as seen by fluorescence microscope (1000 X)

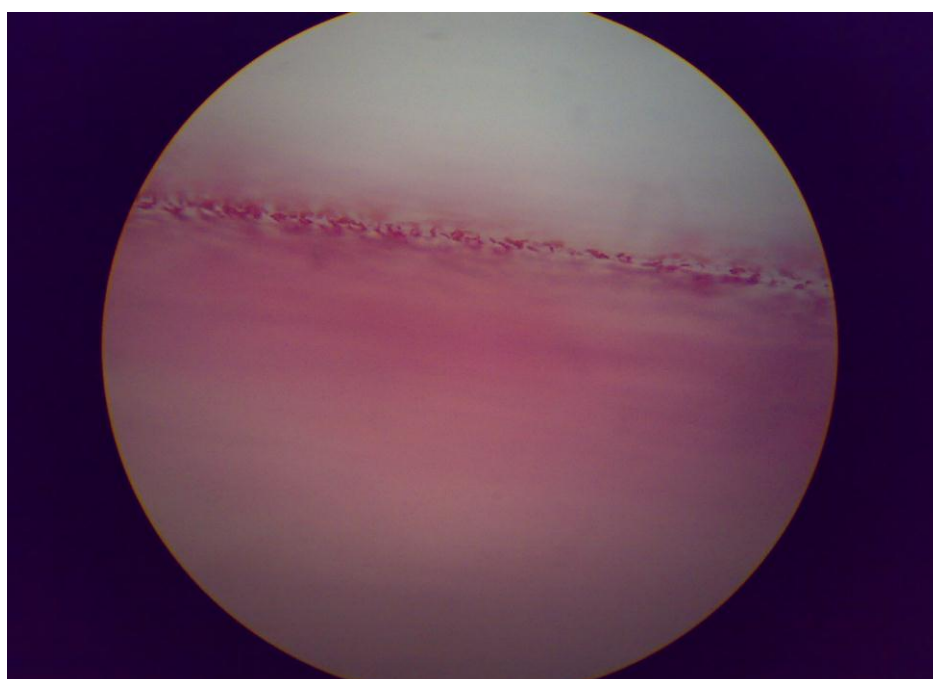


Figure {20} catheter tip colonized with Gram negative bacilli as seen by light microscope (1000 X)

Detection of biofilm production by the isolated staphylococcal strains:

Table {30} Results of Congo red agar & Tube method

	positive	negative	Total
Congo red agar	10	0	20
Tube method	14	6	20

The variation was only in one strain which gave positive result with congo red and negative by the tube method.

Table {31} Degree of agreement between the used methods

		Congo red agar		Total	Kappa	The strength of agreement
		+ve	-ve			
Tube method	+ve	14	0	14	0.875	'very good'
	-ve	1	5	6		
Total		15	5	20		

This table shows very good agreement between the 2 methods

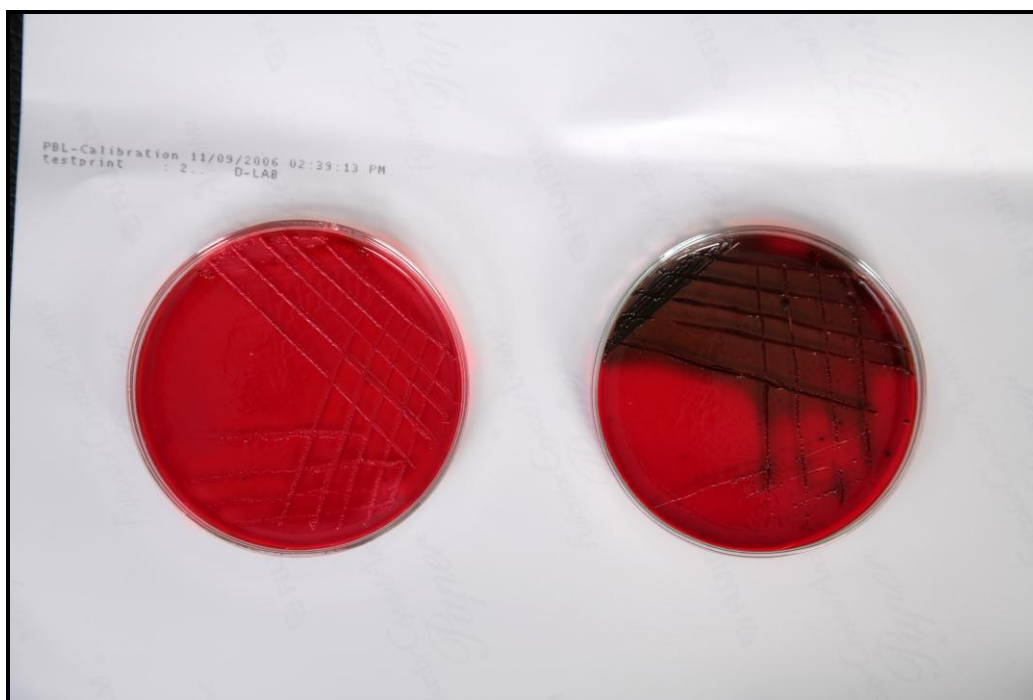


Figure {21} Congo red agar showing non biofilm producing staph. (to the left) and biofilm producing staph. with black colonies(to the right)



Figure {22} Tube method: a visible film lining the wall of the tube after its staining with trypan blue (right)