

Re: Evaluation of Diagnostic Methods and Antimicrobial Susceptibility Pattern of Asymptomatic Bacteriuria among Pregnant Women in Ashanti Region, Ghana

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Dear Sirs,

We read with great interest the article by Acheampong *et al.*¹ regarding evaluation of the diagnostic methods and antimicrobial susceptibility pattern of asymptomatic bacteriuria (ASB) among pregnant women in developing countries. This well-written article topic provides very important for women suffering from ASB and who are living in the developing world. The incidence of ASB was relatively high in the study; therefore, the authors call for screening every pregnant woman and concerting efforts of all stakeholders to formulate a national policy to help curb this situation in the developing world. We praise the authors for their having carried out serious analytical work to obtain the finding that the dipstick diagnostic method is more efficient than microscopy. However, we would like to communicate some ideas to the authors.

- The limitation of the study was that the diagnosis of ASB relied on a single urine sample. This is not entirely in accordance with the Infectious Diseases Society of America guidelines² for the diagnosis of ASB in adults, and two consecutive urine specimens are required with isolation of the same bacterial strain in women.
- These are results from a small study, and larger, prospective studies are needed to learn more about the topic. A long-term and further study should be conducted to help us understand the subject comprehensively and objectively.

The authors have made a great contribution towards this topic related to the welfare of the pregnant women living in the developing countries. It could be a valuable reference for clinicians; however, further strict studies with large sample sizes are war-

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Conflict of interest

The authors have no conflict of interests related to this publication.

Author contributions

Drafted or revised the manuscript (CW, JW, YG, DP), approved the final version (DY, CW).

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