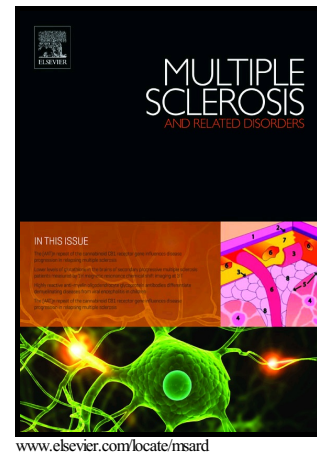


## Author's Accepted Manuscript

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Treating asymptomatic bacteriuria before immunosuppressive therapy during multiple sclerosis: Should we do it?

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<sup>5</sup>Appendix

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### Context

Asymptomatic bacteriuria (ASB) is frequent among patients with multiple sclerosis (MS), with a prevalence rate of 24% to 90% according to voiding practice (Andrews and Husmann, 1997; Fakas et al, 2010). ASB could be linked to vesico-sphincteral dysynergia which could be an early sign of the disease and to high detrusor pressure, due to vesico-sphincteral dysynergia and detrusor overactivity. It is currently acknowledged that ABS should not be treated in non-immunocompromised patients due to a lack of effectiveness on the risk of febrile urinary tract infection (UTI) and definitive urinary decontamination (Nicolle et al, 2005; Raz et al, 2003). Furthermore, treating ASB contributes to the emergence of bacterial

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