



Vaginal-ID Case Review

- **Patient History:**

Patient had recurring UTI's and was back every two months with symptoms of UTI.

- **Disease State:**

The patient is not getting better once off the prescribed antibiotics. Her symptoms come back and starts the process over again

- **Why This Test was Ordered:**

This test was order because we knew there was an underlining reason as to way this patient was experience strong recurring UTI's.

- **Outcome:**

Treatment plan worked for patient and has not yet been back for another visit. Vikor testing found Lactobacillus, Enterococcus Faecalis, Garnerella vaginalis, Ureaplasma urealyticum and Streptococcus agalactiae. The provider reached out to the pharmD team to discuss the treatment plan, as several pathogens were detected, as well as resistance to Macrolides and Tetracycline. Dr. Prince helped guide provider through the treatment that was recommended. Provider had not considered that lactobacillus overgrowth could be a factor and to recommend baking soda sitz baths to help with the ph balance. Provider treated the enterococcus with amoxicillin, recommended the baking soda sitz baths and also treated the Gardnerella.

CONFIDENTIALITY NOTICE TO RECIPIENT: This transmission contains confidential information belonging to the sender that is legally privileged and proprietary and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient of this email, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this email in error, please notify the sender immediately by reply e-mail and permanently delete this email and any attachments without reading, forwarding, or saving them. Thank you.

512 E. Township Line Rd; Ste #135 (Tower 4)
 Blue Bell, PA 19422
 P: 854.429.1069 • F: 833.247.4091
 www.vikorscientific.com


#39D2166771

Patient Name



Date of Birth

XX-XX-1993



Gender



Race

Facility Information

Ordering Provider:
Facility:
Facility Phone:
Facility Fax:

Specimen Information

ACC:
Collection Date: 06-02-2021

Report Date: 06-05-2021

Received Date: 06-04-2021

Sample Type: Vaginal Swab

Notes:
PATHOGENS DETECTED

Lactobacillus iners	1 x 10 ⁶ Cells/mL	88.183%
Lactobacillus crispatus	1 x 10 ⁵ Cells/mL	8.818%
Lactobacillus gasseri	1 x 10 ⁴ Cells/mL	0.882%
Lactobacillus jensenii	1 x 10 ⁴ Cells/mL	0.882%
Enterococcus faecalis	1 x 10 ⁴ Cells/mL	0.882%
Gardnerella vaginalis	1 x 10 ³ Cells/mL	0.088%
Ureaplasma urealyticum	1 x 10 ³ Cells/mL	0.088%
Prevotella bivia	1 x 10 ³ Cells/mL	0.088%
Streptococcus agalactiae (group B)	1 x 10 ³ Cells/mL	0.088%

RESISTANCE GENES DETECTED & POTENTIAL MED CLASS AFFECTED

ermB Macrolides



tetM Tetracycline



ABXAssist™

Pharmacy Guidance

Electronically approved on 06-05-2021 by: Colton Moorman

 • Email: pharmconsult@vikorscientific.com • Phone: 1-855-742-7635, 1-855-PharmD5

512 E. Township Line Rd; Ste #135 (Tower 4)
 Blue Bell, PA 19422
 P: 854.429.1069 • F: 833.247.4091
 www.vikorscientific.com


#39D2166771

Patient Name



Date of Birth

XX-XX-1993



Gender



Race

Drug Allergies:

Notes from Ordering Physician:

Please use your best clinical judgment based on patient symptomatology and progression of illness to determine if antibiotic treatment is appropriate. Therapy recommendations follow all IDSA guidelines as well as other national protocols. Therapy may need to be provided in patients as low as 1×10^2 if patients are immune compromised, very young, or very old. Not all detected microbes will require antimicrobial therapy as some are part of normal flora or can be non-pathogenic colonizers. Recommendation reflects coverage for Enterococcus.

In recurrent Aerobic vaginitis, that does not respond to antibiotics, consider Lactobacillus overgrowth. Lactobacillus is normal flora but at higher loads (10^5 and up) can be considered pathogenic if discharge or ulcers are present along with a severe inflammatory response. This is an inflammatory condition due to pH imbalance of vagina with PH between 3.5 and 4.5, and no leukocytes present. Use Lotrisone for inflammation and baking soda sitz baths to help with pH balance. Cipro or levofloxacin are only helpful when L iners are elevated with ulcers.

Treatment: Solution can be prepared by mixing 1-2 tablespoons of baking soda with 4 cups of warm water. For Sitz baths use 5 tablespoons. In bathtub use ½ cup to 1 cup in water to cover vaginal area but not over the thighs.

Sample positive for Gardnerella, which is indicative of potential BV. Treat only if symptomatic, use clinical judgment. Can use Metronidazole 500mg PO BID x 7 days, vaginal Metrogel 0.75% HS x 5 days, Clindamycin 300mg PO BID x 7 days, or Clindamycin 2% vaginal cream HS x 5 days. Can also use Tinidazole or Secnidazole. Topical therapy should only be used in BV vaginitis, it is not appropriate for true UTIs.

 MEDICATION
 REVIEW

Notes from Pharmacist:

FIRST LINE

Medication	Route	Dose
amoxicillin	oral	875mg BID x 7 days
OR		
amoxicillin / clavulanate	oral	875/125mg BID x 7 days

512 E. Township Line Rd; Ste #135 (Tower 4)
 Blue Bell, PA 19422
 P: 854.429.1069 • F: 833.247.4091
 www.vikorscientific.com



#39D2166771

Patient Name



Date of Birth

XX-XX-1993



Gender



Race

ALTERNATIVE

levofloxacin

oral

250-500mg q24h x 5 days

Considerations: Also covers L iners. Black box warning for tendinitis and tendon rupture, peripheral neuropathy, and CNS effects such as anxiety, confusion, depression, and hallucinations. May cause blood glucose disturbances, especially in elderly and renal impaired. Adjust dose for CrCl < 50ml/min. FDA advises that the serious side effect risks of fluoroquinolones outweigh the benefits for use in patients with acute sinusitis, acute bronchitis, and uncomplicated UTI who have other treatment options. Not recommended in children under 18 years old. Not first line agent in children with complicated UTI or pyelonephritis.

Methodology	The infectious disease and antibiotic resistance detection panels are tested utilizing Real-time PCR technology to detect the presence of genes associated with pathogens and antibiotic resistance via amplification of genomic DNA. Amplification and detection are performed using the Applied Biosystems™ QuantStudio™ 12K Flex Real-time PCR system, which includes the QuantStudio™ 12k Software v1.3 and Thermo Fisher Scientific TaqMan™ assays. The assays are preloaded onto TaqMan™ OpenArray plates.
Limitations	This test only detects microorganisms and antibiotic resistance (ABR) genes specified in the panel. ABR genes are detected in the specimen and are not specific to a detected pathogen. ABR genes may be detected in bacterial strains not tested for in the panel. The resistance genes for Ampicillin, selected Extended-Spectrum-Betalactamases, Vancomycin, Carbapenems, Sulfonamide, Trimethoprim, Aminoglycosides and the Quinolone gyrase groupings are assays customized by pooling the individual genes listed in the associated group. If listed as positive, this indicates that at least one of the genes in the group was detected and the class of medication could have potential resistance.
Disclaimer	This test was developed and its performance characteristics determined by KorGene™. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. The treatment guidance listed in the report is based on infectious disease treatment references, the organisms detected, and genes known to contribute to medication resistance. Important clinical information such as comorbidities, renal function, patient weight, platelet count, microbiology results, etc. may influence the overall appropriateness of therapy. The provided guidance only takes drug allergies into account when they are provided and available to the pharmacist making the recommendation. The overall appropriateness of therapy must be determined by the physician treating the patient. The provider has all the patient information necessary to make that determination and should take the entire clinical presentation into account when making treatment decisions. Should the treating physician wish to discuss the provided guidance, the pharmacist is available for consult at the email and phone number provided. KorGene™ is currently in the Accreditation phase by the College of American Pathologist (CAP).



512 E. Township Line Rd; Ste #135 (Tower 4)
Blue Bell, PA 19422
P: 854.429.1069 • F: 833.247.4091
www.vikorscientific.com



#39D2166771

Patient Name



Date of Birth

XX-XX-1993



Gender



Race

NEGATIVE PATHOGENS

- Atopobium vaginae
- BVAB2
- Bacteroides fragilis
- Candida albicans
- Candida dubliniensis
- Candida glabrata
- Candida krusei
- Candida lusitanae
- Candida parapsilosis
- Candida tropicalis
- Chlamydia trachomatis
- Escherichia coli
- HSV1
- HSV2
- Haemophilus ducreyi
- Mobiluncus curtisii
- Mobiluncus mulieris
- Mycoplasma genitalium
- Mycoplasma hominis
- Neisseria gonorrhoeae
- Staphylococcus aureus
- Treponema pallidum (Syphilis)
- Trichomonas vaginalis
- Uncultured Megasphaera 1
- Uncultured Megasphaera 2

NEGATIVE RESISTANCE GENES

- aac6-1b/aacA4, ant(3), aph(A6), aac6-1b-cr
- ampC, ACC, DHA, ACT/MIR
- SULL, DFRA
- CTX-M, PER-1, PER-2, VEB, blaNDM-1, OXA-1, GES, BlaSHV
- OXA-23, OXA-40, OXA-58, OXA-72, IMP-16, NDM, blaOXA-48, OXA-48, KPC, VIM, IMP-7
- ermC, ermA
- mecA
- mcr-1
- qnrS_Pa04646145_s1, Gyrase A D87N_GTT, Gyrase A S83L_TGG, QnrA
- VanB, VanA1, VanA2

ANTIBIOTIC CLASS

- Aminoglycosides
- Ampicillin
- Bactrim
- Beta-lactams
- Carbapenems
- Macrolides
- Methicillin
- Polymyxins
- Quinolones
- Vancomycin

****SAMPLE REPORT****

This report, associated with order # has been approved by the following reviewers:

Pharmacist:

Electronically signed and dated on 06-05-2021 02:10
Colton Moorman

Report Reviewer:

Electronically signed and dated on 06-05-2021 08:24
Dan Stroud
