Sir,

Dear Editor, the report on “Performance of urinalysis tests in screening for significant bacteriuria is very interesting.”[1] Vignesh et al. concluded that “the results of rapid dipstick urinalysis tests might not be sufficient enough to replace the conventional urine culture method, and the clinical decision is to be made only based on the culture and sensitivity results among the HIV-infected patients.”[1] Indeed, this result can be expected since the basic investigation technique for any dipstick test is dry biochemistry which cannot replace the gold standard technique of microscopic and microbiological tests. In a recent report, it is noted that the use of nonstandard technique for urinalysis test aiming at the diagnosis of infection is very common and becomes a big problem in clinical general practice.[2] Nevertheless, the use of dipstick test might still be useful in large-scale primary screening. The confirmation for positive case by standard referencing technique is the next step.

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Conflicts of interest
There are no conflicts of interest.

REFERENCES


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