

CRC Cystitis Research Center

THE CRC ANSWER TO THE COLONY COUNT

The laboratory studies at the Cystitis Research Center (CRC) for evaluation of pelvic disorders, began in 1964 with a focus on devising a test procedure analogous in principle to those used universally in diagnosis of all disease entities (viral, bacterial, fungal parasitic).

The identity of each condition is determined by manipulations specific for isolation and identification of the respective etiologic agent. At the CRC, we consider the medical laboratory as the Detective Agency for the medical profession, analogous to the Police Detective in the social area of problems.

A good analogy in point is at the airport facility where the uniformed agents do not merely count the number of people passing to the boarding area (on basis of appearance) to estimate possible antisocial "characters" they are obligated to scrutinize each individual very closely to detect evidence of a "social pathogen": the "character" with a gun, long blade, bomb, or other weapon.

We of the microbiology lab are also obligated, with valid technology to scrutinize the test sample for the respective PATHOGEN, among the many organisms passing our view. This is not accomplished by a casual superficial colony count, especially one focused merely on fecal bacilli, disregarding the well-recognized pathogens present, established as such for over 100 years. Here, at CRC we have the background of 58+ years, scrutinizing all manner of specimens for specific pathogens. The etiologic agents of pelvic disorder respond to the same principles as do all those of other disease entities is the focus of the CRC program, which now has the support of studies involving more than 22,000 clinical specimens, tested in duplicate for comparison of PLATE COUNT vs. PURE CULTURE technology. Certainly sufficient data to validate the CRC findings: strains of Gram-positive cocci as etiologic pathogens.

Doctors and patients alike must insist that the "COLONY COUNT" practice be immediately discontinued and that medical labs learn and adopt the only valid approach to evaluation of pelvic infection- PURE CULTURE TECHNOLOGY (which requires initial culture of specimens in broth, to allow all microbial strains from the specimens to emerge). Then by transfer of aliquots to appropriate differential media, the etiologic agent can be isolated for further study, and be reported to the attending physician along with the appropriate antibiotic sensitivity pattern. Plus, the physicians' prescriptions no longer become hit-and-miss propositions.

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