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22 West State Street  
Suite 200  
Media, Pennsylvania 19063

tel 610.627.9090  
fax 610.627.4951

## **UTI Update 2026: New Data That Will Inform Your Clinical Practice**

**June 9, 2026 – 12PM EDT**

**PRESENTED BY:  
Michael Melia, MD**

In this webinar, Dr. Melia reviewed new evidence on the diagnosis and treatment of urinary tract infections (UTIs), focusing on the clinical significance of pyuria and recently approved treatment options. Drawing on studies of both premenopausal and postmenopausal women, he emphasized that pyuria is common even in the absence of infection. Although pyuria correlates with bacteriuria, its positive predictive value is low, meaning many patients with pyuria do not have a UTI. Consequently, pyuria alone should not be used to diagnose infection or prompt antibiotic treatment. However, the absence of pyuria remains a strong indicator that a UTI is unlikely.

Dr. Melia also reviewed data suggesting that commonly used laboratory thresholds for pyuria may be too low and contribute to overdiagnosis and overtreatment. Studies in older women demonstrated that higher pyuria thresholds improve diagnostic specificity while maintaining reasonable sensitivity. He discussed a recent expert consensus effort to standardize UTI definitions, which incorporates symptoms, pyuria, urine culture results, and signs of systemic illness into a scoring framework rather than relying on a single finding.

Dr. Melia also highlighted two newer treatment options for uncomplicated cystitis. Pivmecillinam, approved in the United States in 2024 after decades of use in Europe, has demonstrated sustained low resistance rates and activity against many drug-resistant urinary pathogens. Clinical studies support its effectiveness, including shorter treatment courses. Dr. Melia also reviewed gepotidacin, a first-in-class antibiotic with a novel mechanism of action that inhibits bacterial DNA replication. Phase 3 trials showed that gepotidacin achieved clinical outcomes comparable to nitrofurantoin and was generally well tolerated.

In conclusion, Dr. Melia reinforced that pyuria is a necessary but insufficient criterion for diagnosing UTIs and that clinicians should interpret urinalysis findings alongside symptoms and culture results to avoid unnecessary antibiotic use. He highlighted pivmecillinam and gepotidacin as important new therapeutic options for uncomplicated cystitis.

**Questions or Comments? Contact:** [webinars@unboundmedicine.com](mailto:webinars@unboundmedicine.com)

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