Table S2. Medical data of the patient.

Clinic visit and examination	During the first clinic visit at our Unit, the patient was found to be afebrile with a temperature of 36.3 degree Celsius and asymptomatic of infection. The last catheter change had been one week ago. She referred that seemingly blue discoloration of urine bag occurred immediately after the silicon urinary catheter changed for many times consecutively. The patient had a urine production of 1,500 ml/24 hours. Moreover, she had also been suffering for a year from constipation due to worsening of multiple sclerosis. She was well hydrated and followed a Mediterranean diet including 5 meals a day. She was dependent on her daily activities due to multiple sclerosis. Her blood pressure was 125/90 mmHg and her pulse rate was 70/minute.
Laboratory investigation	The baseline blood investigation was within the normal range. Analysis of urine collected from the drainage bag revealed no coloration, cloudy appearance, pH 6, presence of nitrite, bacteria (3+), leukocytes (20), and rare erythrocytes. Therefore, the urine was examined by the laboratory for culture and antibiotic sensitivity. Urine culture came positive for mixed microorganisms, including Enterococcus faecalis, Escherichiae coli, Pseudomonas aeruginosa and Proteus spp.
Treatment	The catheter was immediately changed and the patient was treated with Levofloxacin 500 mg per os every 24 hours for 5 days.
Follow-up	The patient came back to our unit for follow-up 3 weeks later. She referred that the blue discoloration was gone and her urine bag color had normalized after antibiotic treatment. Nevertheless, a new blue discoloration of urine bag occurred after three months when the catheter changed. The antibiotic therapy was administered once again and urine bag color returned as before. At the same time, the patient underwent chemotherapy with Taxol, until May and then with doxorubicin due to the onset of liver metastases. In May 2021 she received a carboplatin plus gemcitabine therapy, repeatedly interrupted, due to the worsening of neoplastic disease. The subsequent treatments with melphalan, or topotecan, plus filgrastim and epoetin (for haematic cytopenia), proved ineffective. Hereafter until today the blue discoloration of urine bag occurred whenever the catheter changed and the patient decided to stop antibiotic therapy. No clinical symptoms of infection have ever occurred.