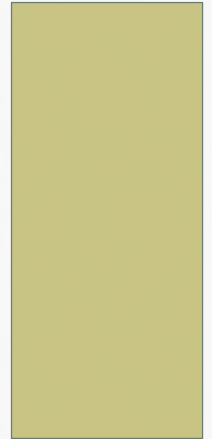


TREATMENT OF PERITONITIS IN ADULT PATIENT ON PD

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Q1

- WHICH OF THE FOLLOWING organism are commonly isolated from PD fluid in pt with PD suspected of peritonitis :-
- 1-staph.aureus
- 2-enterococci
- 3-gram – ve
- 4- coagulase –ve staphylococcus

PD PERITONITIS IN ADULT

MOST COMMON CPX IN PD POPULATION

C/F

- Abd pain
- Fever
- PD fluid C/S = wbc >100 cm² & DLC \Rightarrow 50
POLYMORPHOUSNUCLEAR NEUTROPHILS
- Most of cases cloudy fluid

GUIDE LINE FOR TREATMENT

- Internnational society of peritoneal dialysis
- | (ISPD)
- Empiric therapy using combination of
- 1st generation (cefazoline or cephalthine) & ceftazidine
- Gentamicine not recommended in order to preserve residual renal function

ROUTE OF ADMINISTRATION

- PD = common use
- IV = bacteremia & septic
- ORAL = exit – tunnel site

DURATION OF TREATMENT

- ISPD
- 2 WEEKS
- 3WEEKS
- MRSA = 3WEEKS(vancomycine)
- PSEUDOMONAS = 3WEEKS
- G+ve =2weeks
- G-ve=2weeks
- Rifampicine =1week

WHEN ????

- Antibiotic being added only to the long dwell
- Nighth fill for CAPD
- Day time dwell for CCPD

SCLEROSING ENCAPSULATING PERITONITIS

- UNCOMMON
- Fibrous transformation of p.mambrane entraps loop =
- Intestinal obstruction
- Treatment surgical lysis of adhesion
- Prednisolone 10-40mg
- Tomoxifen 20mg
- MR with 1yr >50%

THANKS