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Tuberculous peritonitis in peritoneal dialysis

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Nefrología 2009;29**(2):**170-172.

ABSTRACT

We report a patient in Automatic Peritoneal Dialysis (APD) with tuberculous peritonitis by possible peritoneal infection due to the proximity between fallopian tube and the left ovary, a peritoneal liquid culture was constantly negative. The patient presented a bad clinic evolution. Her only medical history was hypercalcemia six months before developing a peritonitis and occasionally nausea and vomits To confirm the diagnosis it was needed a peritoneal biopsy by means of a laparoscopy with a removal of the peritoneal catheter and left anexectomy. Now, the patient is asintomatic in daily home hemodialysis.

Key words: Peritoneal dialysis. Tuberculosis peritonitis.

RESUMEN

Presentamos el caso de una paciente en Diálisis Peritoneal Automática (DPA) con peritonitis tuberculosa y posible vía de infección peritoneal por contigüidad desde trompa y ovario izquierdo, con cultivo de líquido peritoneal persistentemente negativo y mala evolución clínica. Como únicos antecedentes, destacaba cuadro de hipercalcemia seis meses antes de la peritonitis, náuseas y vómitos ocasionales. El diagnóstico de confirmación se realizó mediante biopsia peritoneal vía laparoscópica con retirada de catéter peritoneal y anexectomía izquierda. Actualmente, la paciente se encuentra asintomática realizando hemodiálisis diaria domiciliaria.

Palabras clave: *Diálisis peritoneal. Peritonitis tuberculosa.*

INTRODUCTION

The incidence of Tuberculosis (TB) in the Renal Replacement Therapy (RRT) population is six to sixteen times greater than in the general population, due to factors with alterations of cell immunity regulated by T lymphocytes, malnutrition and associated comorbidity among others.[3] However, few cases have been described on tuberculous peritonitis in peritoneal dialysis.

Different studies have reported the predominance of extrapulmonary TB in patients on RRT, mainly presenting in the first 36 months after starting dialysis and more common in patients on peritoneal dialysis as compared with those on haemodialysis.[11]

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CASE REPORT

We report the clinical case of a 50 year-old woman on home automated peritoneal dialysis since 2002 for chronic renal insufficiency secondary to hypocomplementaemic glomerulonephritis. In her history the most remarkable pathologies were hypothyroidism on long term treatment, renal osteodystrophy treated with phosphorus binders, vitamin D and calcium supplements, and a single episode of peritonitis in June 2006 due to enterococcus *faecalis* with prompt recovery.

In August 2007, she presented with mild symptoms of hypercalcaemia (10.5mg/dl) consisting of nausea and vomiting without an associated weight loss, requiring a progressive decrease of calcium supplements and a calcium decrease in dialysis fluid.

Three months later (November 2007), she presented with peritonitis and negative culture for which empiric antibiotic treatment was initiated according to protocol. The peritoneal fluid remained turbid for one week. Following this, evolution was favourable, treatment being