

복막투석 환자에서 발생한 *Rhodotorula Mucilaginosa*에 의한 복막염 1례

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A Case of *Rhodotorula Mucilaginosa* Peritonitis in Peritoneal Dialysis Patient

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Background : Fungal peritonitis is a serious complication causes significant morbidity and mortality for patients on peritoneal dialysis. *Candida* species are the usual pathogens but, other fungi are known to cause peritonitis. *Rhodotorula* species are commensal yeasts from the *Cryptococcaceae* Family. They are present in respiratory, gastrointestinal, and genital human flora and may cause opportunistic infections. We report a case of *Rhodotorula mucilaginosa* peritonitis in chronic peritoneal dialysis patients treated with amphotericin B and removal of dialysis catheter.

Case : A 51- years- old diabetic woman on CAPD presented to Dongsan Medical Center, because of a one day history of turbid effluent. She was on peritoneal dialysis for the past 3 years and had five episodes peritonitis in the past. On physical examination, her blood pressure was 130/70 mmHg, temperature 37.1°C, respiratory rate 82#/min and pulse 21#/min. The abdomen was soft and diffusely tender without any guarding or rigidity. Laboratory data showed a hematocrit of 33.2%, white blood cell count of 11,050/mm³, platelets 222,000/mm³. The peritoneal dialysis fluid was cloudy and it had 270 nucleated cells with 50% polymorphs. Patient was started on empiric 1st cephalosporine and amikacin antibiotic therapy but the daily peritoneal fluid cell count did not show any improvement. Fifth days later yeasts were seen on fungal culture of peritoneal fluid and hence the patient was placed on intravenous fluconazole. The fungus species was identified as *Rhodotorula mucilaginosa*. The CT scan of the abdomen did not demonstrate any underlying bowel pathology. Tenckhoff catheter was removed 2 days after starting fluconazole but abdominal pain and fever were sustained. The fluconazole was discontinued and replaced by amphotericin B. The patient received intravenous amphotericin B for 2 weeks. The patients remains well and stable without any further problems after discharge.

Key Words : 복막염, 진균성 복막염, 복막투석

Fungal peritonitis, *Rhodotorula mucilaginosa*