복막투석 환자에서 발생한 Aspergillus flavus 균주에 의한 복막염의 성공적인 치료

경상대학교병원 내과학교실

서정우 · 김동욱 · 조현섭 · 이현정 · 김현정 · 박동준 · 장세호

Successful Treatment of Aspergillus Flavus Peritonitis in a Continuous Ambulatory Periotneal Dialysis (CAPD) Patient successful Treatment of Aspergillus Flavus Peritonitis a CAPD Patients

Jong Woo Seo, Dong Wook Kim, Hyun Seop Cho, Hyeon Jeong Lee
Hyun-Jung Kim, Dong Jun Park and Se-Ho Jang

Department of Internal Medicine Gyeongsang National University Hospital

Introduction: Fungal peritonitis in Continuous ambulatory peritoneal dialysis (CAPD) patients is a rare but serious complication and accounts for about 2- 10% of CAPD- related peritonitis. Peritonitis caused by Aspergillus species is rare in patients with CAPD, but it is associated with high mortality rate of about 27%. We experienced a case of Aspergillus flavus peritonitis in a CAPD patient that was successful treated with a combination of fungal agent and peritoneal catheter removal promptly.

Case : A 54- year- old man had been on CAPD therapy due to hypertensive end- stage renal disease. He had 3 episodes of CAPD- related bacterial peritonitis that improved by each sensitive antibiotics. When he visited the outpatient clinic, he had abdominal pain and turbid peritoneal fluid. He had no fever. Empirically, intraperitoneal cephalosporin was administered. On the next week, the patient visited with more severe abdominal pain. On the admission, his abdomen was soft and distended. Peritoneal fluid was straw- turbid and leukocyte counts were 15,700/mm^3. But, culture of CAPD fluid reported no growth. 5 days later, the patient's clinical status wasn't better. His serum CRP was increased to 61.5 mg/L. We carried out the abdominal ultrasonography. Although, there were no septated ascites, his condition was not improved. On hospital day 12, Aspergillus species grew at the sample of peritoneal fluid. We started the management with amphpotericin B. But, he still had abdominal pain, so we carried out to remove the catheter of peritoneal dialysis. There were pus- like discharge at the subcutaneous tunneling site. On the other day, He had hemodialysis and then, dramatically, he improved his symptom without abdominal tenderness. He had managed for 10 days after the catheter removal. We decided to maintain the antifungal agent with fluconazole 200 mg/day. He discharged to being healthy with maintencnance hemodialysis therapy.

Conclusion : CAPD patients that experienced several bacterial peritonitis and managed by broad- spectrum antibiotics sometimes develop fungal peritonitis. If the peritonitis were not improved by empirical antibiotics, we should consider the possibility of fungal peritonitis. And then, prompt cather removal and antifungal agent should be considered.

Key Words : 복막투석, 진균성 복막염, 아스퍼질러스
Peritoneal dialysis, Fungal peritonitis, Aspergillus