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복막투석 환자에서 발생한 코리네박테리움에 의한 출구감염의 임상연구

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The Clinical Courses of Exit-site Infections Caused by Corynebacterium spp. in CAPD Patients

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Non-diphtheria corynebacteria were considered as contaminants in the past. However, they are currently considered as emerging pathogens in CAPD patients. We experienced 76 cases of exit site infection in 51 patients (26 men) caused by non-diphtheria corynebacteria from January 2005 to December 2007 in Kangnam St. Mary's Hospital. Their mean age was 50±10 years, and mean dialysis duration was 76±51 months. The primary renal disease was chronic glomerulonephritis (20 cases), diabetes (15 cases). hypertensive nephrosclerosis (7 cases), pyelonephritis (2 cases), drugs (1 case) and unknown (6 cases). During that time, total dialyzed time was 1593 patient-month and the incidence of Corynebacterium exit-site infections were 1/11.9 patient-month. In all 76 cases of exit site infection caused by non-diphtheria corynebacteria, oral ciprofloxacin therapy was prescribed (250 mg bid for 14 days). In cases of concomitant peritonitis, intra-peritoneal administration of a 1st generation cephalosporin plus gentamicin was added. In nine out of 51 patients, the corynebacterium species were isolated, which resulted in C. jeikeium (4), C. kroppenstedtii (2), C. tuberculostearicum (1), C. aurimucosum (1), and C. simulans (1). Only 2 out of 9 isolates were sensitive to the cephalosporin and 4 out of 9 isolates were sensitive to ciprofloxacin. However all isolates were sensitive to the rifampin and vancomycin. The overall primary response rate was 80.4%, and cure rate was 49.0%. No catheter was removed. In conclusion, the ciprofloxacin can be primarily chosen in CAPD exit site infection caused by corynebacteria, and the rifampin or vancomycin can be alternative regimens.

Key Words : 복막투석, 출구감염, 코리네박테리움
Peritoneal dialysis, Exit-site infection, Corynebacteria