

Refractory peritonitis 환자에서의 Antibiotic lock therapy

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Successful Antibiotic Lock Therapy in Patients with Refractory Peritonitis

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Refractory peritonitis is defined as failure to respond to appropriate antibiotics within 5 days in patients receiving continuous ambulatory peritoneal dialysis (CAPD). It should be managed by removal of the catheter to reduce morbidity and mortality. Bacterial biofilms commonly occur in peritoneal dialysis catheters, and develop high antibiotic resistance and catheter loss in some patients. In these patients, usual treatment of peritonitis using routine dosages of antibiotics based on routine culture results do not eradicate the bacteria in the biofilm. Recent studies suggested that the use of an antibiotic lock, in conjunction with systemic antibiotics, can eradicate hemodialysis catheter-related bacteremia while salvaging the catheter in two thirds of cases.

We describe two patients receiving peritoneal dialysis who experienced refractory peritonitis caused each by gram-negative bacteria: *Acinetobacter baumannii* and *Stenotrophomonas maltophilia*. These patients did not respond to appropriate intraperitoneal antibiotic therapy. We assumed bacterial colonization in the intra-abdominal portion of the catheter with biofilm. So patients were treated with antibiotic lock therapy in each exchange in addition to systemic antibiotic treatment. Antibiotic lock solution contained ceftazidime (10 mg/mL, 6 mL), heparin (2,500 units/mL, 3 mL), and normal saline (3 mL). After antibiotic lock therapy, the dialysate effluent cleared and abdominal pain gradually resolved. Antibiotic lock therapy with systemic antibiotics was continued for 10–18 days, and the peritonitis was completely resolved and no recurrence was observed.

This study suggests that antibiotic lock therapy in the treatment of refractory peritonitis can be an effective method without catheter removal.

Key Words : 복막투석, 복막염, 항생제

CAPD, Peritonitis, Antibiotic