

지속성외래복막투석 환자에서 발생한 methicillin-resistant Staphylococcus auricularis 복막염 1예

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A Case of Peritoneal Dialysis-Associated Peritonitis Caused by Methicillin-Resistant Staphylococcus auricularis

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Coagulase-negative staphylococcus is the most common organism causing peritonitis in CAPD patients. Among the coagulase-negative staphylococci, the most frequently encountered species is Staphylococcus epidermidis (up to 80% of cases), while Staphylococcus haemolyticus, Staphylococcus hominis, Staphylococcus warneri, and Staphylococcus capitis each occurred in <5% of cases. Only one case of Staphylococcus auricularis, the normal flora of external auditory meatus, has been reported (Perit Dial Int 24:195-196, 2004). A 79-year-old male patient was admitted because of abdominal pain and cloudy peritoneal fluid. He was previously diagnosed to have end-stage renal disease secondary to hypertensive nephrosclerosis and has undergone CAPD for the past 1 year. At admission, blood pressure was 130/90 mmHg and body temperature 36.7°C. The exit site was clear, and no rebound tenderness was noted although the abdominal wall was diffusely tender. Gram stain of the peritoneal fluid did not reveal any organism, but white blood cell count was 1,210/mm³, with 80% polymorphonuclear cells and 10% lymphocytes. Empirical antibiotic therapy was started with both intraperitoneal cefazolin and ceftazidime. Over the next few days, however, the peritoneal fluid was still turbid and showed an elevated cell count. Then, the result of peritoneal fluid culture was reported, identifying that the organism was oxacillin-resistant Staphylococcus auricularis. Thus the antibiotics were switched into vancomycin, and intraperitoneal vancomycin 1 g was thrice administered at 5 days' intervals to achieve completely clear peritoneal fluid. Here we report a case of PD peritonitis caused by methicillin-resistant Staphylococcus auricularis, which was successfully treated with vancomycin. Staphylococcus auricularis should be considered as a new potential skin organism causing CAPD peritonitis.

Key Words : 복막투석, 복막염, 포도상구균

Peritoneal dialysis, Peritonitis, Staphylococcus