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A Case Report of Aeromonas Hydrophila Peritonitis in CAPD Patient

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Peritonitis is still an important cause of morbidity and technique failure in patients with end-stage renal disease treated by continuous ambulatory peritoneal dialysis (CAPD). Aeromonas species have rarely been identified as the causative pathogen in peritoneal dialysis (PD)-related peritonitis, and a very small number of cases has been reported in the literature. Moreover there have been no reports of Aeromonas hydrophila peritonitis in Korea. These rod-shaped, gram-negative microorganisms most commonly isolated from fresh water supply, sewage, soil, and human stool, sputum, and skin. A variety of manifestations have been associated with Aeromonas species, ranging from wound infections and bacteremia to gastroenteritis and peritonitis. Herein we report a case of PD-related peritonitis due to Aeromonas hydrophila. A 73-year-old female who has been treated CAPD for 3 months was admitted our hospital with abdominal pain, fever, vomiting, nausea, and turbid dialysate. The patient revealed hand washing which using contained well water mixed with valley water and wet contamination of PD catheter. White blood cell and neutrophil count increased at the initial peritoneal fluid analysis, so we diagnosed him as CAPD-associated peritonitis. Antibiotic therapy was initiated with intraperitoneal injections of ceftezole/ceftazidime. On the fourth hospital day, Aeromonas hydrophila was cultured in the peritoneal fluid sampled on the first visiting day. And susceptibility testing revealed that it is susceptible to ceftazidime. After a complete course of ceftazidime therapy for 14 days, the patient was discharged in stable condition, without occurrence of any further episode of peritonitis. However, she was transferred to hemodialysis due to technical failure after 1 month.

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