

복막 투석 환자에서 *Brevundimonas vesicularis*에 발생한 복막염 1예

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A Case of Peritoneal Dialysis-associated Peritonitis Caused by *Brevundimonas Vesicularis*

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A 71-year-old Korean woman who had been treated with CAPD for 2 years was admitted to our hospital because of turbid peritoneal effluent accompanied by constant abdominal pain that began 5 days prior to her admission. On admission, her blood pressure was 119/74 mm Hg, heart rate was 94 beats/min, respiratory rate was 20/min, and body temperature was 37.7°C. Her abdomen was diffusely tender with normal bowel sound, and infection was not found around the catheter exit site. The laboratory findings showed PD peritonitis: the white blood cell (WBC) count of the peritoneal effluent was 2800/mm³ with a neutrophil predominance (95%). Her hemoglobin level was 8.9 g/dL, WBC count was 6.4×10⁹/L, and C-reactive protein was 4.32 mg/dL (normal: <0.8 mg/dL). After peritoneal fluid was sent for bacterial culture, a single 1-g dose of cefazolin and a single 1-g dose of ceftazidime were given intraperitoneally per day. Three peritoneal fluid samples were inoculated into a BACTEC plus Aerobic/F culture bottle (Becton Dickinson Diagnostic Instrument System, Drogheda, Ireland) and incubated in a BACT/ALERT 3D Blood Culture System (Biomerieux, Marcy l'etoile, France). Culture of the peritoneal dialysate revealed *B. vesicularis*, which was susceptible to cefepime, cefotaxime, imipenem, piperacillin, and gentamicin. Despite the use of intraperitoneal antibiotics for 5 days, the patient's abdominal pain and the intermittent fever persisted, and the WBC count of the peritoneal effluents became elevated to 430/mm³. Thus, we changed antibiotics from cefazolin and ceftazidime to cefepime. However, the abdominal pain and the WBC count of peritoneal effluents did not improve. The PD catheter was removed on the 5th day of antibiotic treatment, and patient has been maintained on hemodialysis after catheter removal. Herein, we describe a case of PD-associated refractory peritonitis caused by *B. vesicularis* that was cured after catheter removal.

Key Words: 복막 투석, 복막염

Peritonitis, Continuous ambulatory peritoneal dialysis