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## **Mycobacteria Other Than Tuberculosis (MOTT) infection in peritoneal dialysis, a local centre experience**

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**Objectives:** Nontuberculous mycobacteria (NTM), also known as mycobacteria other than tuberculosis (MOTT), is occasionally encountered in CAPD patients. It can be presented as exit site infection, tunnel infection or peritonitis.

They are associated with prolonged treatment with fair treatment response. 6 to 12 months of treatment with at least 2 sensitive antibiotics are recommended.

**Methods:** Cases of MOTT infection from 2000 - 2019 in local PD centre in Hong Kong are reviewed.

**Results:** Data from year 2000 to 2019 are reviewed with around 2000 PD patients. There were total 19 cases of MOTT exit site infection and 9 cases of MOTT peritonitis. For MOTT exit site infection, 11 cases were caused by *M chelonae*, while 4 cases were *M fortuitum* and *M abscessus*. All of them were treated with 2 antibiotics with duration 6 weeks to 8 months, containing IV amikacin in all cases. 10 out of 19 cases (52.6%) required Tenckhoff (TK) catheter removal due to refractory infection.

For MOTT peritonitis, 3 cases were caused by *M chelonae* and *M fortuitum*. 2 antibiotics with duration 5 to 6 months were given, with IV amikacin as one of them in all cases. 7 out of 9 cases (77.8%) required Tenckhoff catheter removal.

It should be noted that, there is risk of ototoxicity with prolonged treatment of IV amikacin. Once the sensitivity result is available, it should be substituted by other antibiotics with less side effects. If infection is refractory to treatment, TK catheter should be removed.

**Conclusions:** MOTT exit site infections and peritonitis are sometimes refractory to treatment. Our data showed at least 50% of cases required Tenckhoff catheter removal. Prompt treatment with at least 2 antibiotics, with regular wound review and dressing are necessary.