



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Comparison of clinical features and outcomes in peritoneal dialysis-associated peritonitis patients with and without diabetes: A multicenter retrospective cohort study

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Objectives : To compare the clinical features and outcomes of PDAP between patients with DM and those without.

Methods : In this multicenter retrospective cohort study, we enrolled patients who had at least one episode of PDAP during the study period. The patients were followed for a median of 31.1 mo. They were divided into a DM group and a non-DM group. Clinical features, therapeutic outcomes, and long-term prognostic outcomes were compared between the two groups. Risk factors associated with therapeutic outcomes of PDAP were analyzed using multivariable logistic regression. A Cox proportional hazards model was constructed to examine the influence of DM on patient survival and incidence of technical failure.

Results : Overall, 373 episodes occurred in the DM group ($n = 214$) and 692 episodes occurred in the non-DM group ($n = 395$). The rates of abdominal pain and fever were similar in the two groups ($P > 0.05$). The DM group had more infections with coagulase-negative Staphylococcus and less infections with Escherichia coli (E. coli) as compared to the non-DM group ($P < 0.05$). Multivariate logistic regression analysis revealed no association between the presence of diabetes and rates of complete cure, catheter removal, PDAP-related death, or relapse of PDAP ($P > 0.05$). Patients in the DM group were older and had a higher burden of cardiovascular disease, with lower level of serum albumin, but a higher estimated glomerular filtration rate ($P < 0.05$). Cox proportional hazards model confirmed that the presence of diabetes was a significant predictor of all-cause mortality (hazard ratio = 1.531, 95% confidence interval: 1.091-2.148, $P < 0.05$), but did not predict the occurrence of technical failure ($P > 0.05$).

Conclusions : Diabetes is associated with higher all-cause mortality but not therapeutic outcomes of PDAP.