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Catheter-Related Infection in Continuous Ambulatory Peritoneal Dialysis: A Challenge in a Health Care System

Hastin Mutiara Surga, Ratih Tri Kusuma Dewi, Fatna Andika Wati
Department of Internal Medicine, Moewardi Hospital, Indonesia

Case Study : Continuous Ambulatory Peritoneal Dialysis (CAPD) is one of the options for renal replacement therapies in some centers when there are no facilities for kidney transplantation in CKD patients. CAPD has both mechanical and non-mechanical complications. The challenge for doctors in treating CAPD patients is an education to prevent those complications of CAPD and the decision to provide treatment under inadequate health facilities. A 41-year-old male patient with a history of peritonitis CAPD admitted to shortness of breath due to bilateral pleural effusion in September 2019, cloudy CAPD fluid during the current admission, and hyperemic skin around the catheter exit site. CAPD fluid culture did not find either any growth of organisms or an increase in the number of cells or PMN, but it was invalid because sampling was preceded by antibiotic treatment. There was an abscess in the abdominal region on abdominal ultrasound during the admission period. Apart from evacuating pleural fluid and administering antibiotics, the patient also had an abscess drainage incision, and the CAPD catheter was maintained. Repeated education was expected to maintain catheter exit site hygiene. The patient experienced a catheter-related infection, both a tunnel infection and the beginning of an exit site infection, and symptoms of peritonitis. Treatment included pleural fluid evacuation, intraperitoneal antibiotics, temporary hemodialysis, abscess incision, and education of exit site catheter care. A week later, in the clinic, the patient had better condition. Comprehensive management during admission resulted in a good prognosis, and the patient was able to resume regular medication.

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