

Abstract Submission No.: A-0795**Microbacterium Peritonitis in Peritoneal Dialysis: A Case Report**

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Case Study : Peritonitis is a common complication in peritoneal dialysis patients, necessitating tailored treatment based on the causative pathogen. *Microbacterium* spp., a Gram-positive bacillus, poses challenges due to limited reported cases and susceptibility data. I present a case of *Microbacterium aurum* peritonitis in a 53-year-old female undergoing peritoneal dialysis. The patient, with a 2-year peritoneal dialysis history and no prior peritonitis, complained of abdominal pain and inadequate dialysate drainage. Vital signs were stable, No fever. Initial laboratory results showed serum complete blood count was $7.40 \times 10^3/\mu\text{L}$, Hb 9.8 g/dL, and CRP 0.1 mg/dL. Peritoneal fluid analysis revealed leukocytosis ($241 \times 10^6/\text{L}$, PMN 55.9%). Empirically, intraperitoneal cefazolin and ceftazidime were administered, initially improving symptoms. However, persistent WBC elevation peritoneal dialysate analysis led to a switch to intraperitoneal meropenem and vancomycin on the 5th day. Limited *Microbacterium* susceptibility data prompted cautious antibiotic choices. Despite discontinuing meropenem due to suspected resistance, the patient experienced discomfort and reduced drainage, prompting its reintroduction. On the 7th day, *Microbacterium aurum* was still identified in peritoneal dialysate culture, but the patient remained asymptomatic. Medication was maintained without catheter removal. Cultures from the 10th day onwards revealed no bacteria. Meropenem and vancomycin were continued for 21 days, resulting in no symptom recurrence. This case highlights the complexities of *Microbacterium* peritonitis management, emphasizing the need for individualized treatment strategies in the absence of standardized susceptibility data.

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