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Managing Tuberculosis Infection in End-Stage Kidney Disease: With a Focus on TB Guidelines for dialysis patients

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Patients with end-stage kidney disease (ESKD) undergoing dialysis are at substantially increased risk of active tuberculosis (TB) due to impaired cell-mediated immunity and a high burden of comorbidities. The incidence of TB in this population is nearly 20-fold higher than in the general population, with reactivation of latent tuberculosis infection (LTBI) contributing to a substantial proportion of cases. In addition, the dialysis unit environment involves prolonged and repeated exposure in shared spaces, which may allow TB to spread more easily if an infectious patient is present. Effective TB control in dialysis patients requires a comprehensive, guideline-based approach. Targeted LTBI screening at the time of dialysis initiation and following TB exposure is essential, with interferon-gamma release assays preferred in immunocompromised individuals. Serial testing strategies are important in recently exposed contacts. Diagnosis of active TB in ESKD patients remains challenging due to atypical clinical presentations, a higher frequency of extrapulmonary involvement, and reduced sensitivity of conventional diagnostic tests, underscoring the need for integrated clinical, radiological, and microbiological evaluation. Contact investigation in dialysis units is particularly critical, as both patients and healthcare workers may experience sustained exposure. Prompt identification, appropriate risk stratification, and timely evaluation of contacts are key components of infection control, along with early isolation and environmental measures. Strengthening TB management in dialysis settings is essential to interrupt transmission, enable early detection, and reduce disease burden. Integrating TB control strategies into routine dialysis care represents a critical step toward improving outcomes in this highly vulnerable population.

Keywords: Tuberculosis, End-stage kidney disease, Dialysis, Latent Tuberculosis infection