THE KOREAN SOCIETY OF NEPHROLOGY
APCN & KSN 2024
June 13(Thu) - 16(Sun), 2024 Coex, Seoul, Korea
APSN
Promoting Sustainable Kidney Health: The Asia-Pacific and Beyond

Abstract Submission No.: A-0158

The Role of Lateral Flow Lipoarabinomannan (LF LAM) Urine in Making the Diagnosis of Peritoneal Tuberculosis in CAPD Patients

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Case Study : In patients with chronic kidney disease (CKD), there is an increased risk of suffering from tuberculosis (TB). This disease can occur and develop both in the lungs and extrapulmonary. Making a diagnosis of TB in CKD patients sometimes still faces obstacles because the symptoms are less specific and standard modalities show a decrease in diagnostic ability in detecting TB disease. It was reported that a 35-Year-Old Woman on continuous ambulatory peritoneal dialysis (CAPD) experienced peritonitis, ascites accompanied by cloudy dialysate fluid after 10 weeks of CAPD installation. Plain film of the abdomen showed the sign of peritonitis. Then we performed lateral flow lipoarabinomannan (LF-LAM) urine and a strong positive result was obtained (scale 4) where the ascites adenosine deaminase (ADA) examination showed a low result (24 U/L) and did not support TB infection. Furthermore, we performed the catheter removal, drainage laparotomy and peritoneal biopsy. The biopsy results support with peritoneal tuberculosis and the patient was given oral anti-tuberculosis drugs (OAT) with modified doses in CKD stage 5 patient. Peritoneal tuberculosis, which is extrapulmonary TB, is a contraindication for patients who undergo CAPD. In this case study, the patient experienced peritonitis whose cause was unknown. Several tests have been carried out to determine the cause of peritonitis and one of them is the LF LAM urine examination which gave positive results. This examination can confirm the diagnosis of pulmonary or extrapulmonary TB where standard examinations cannot confirm the diagnosis of TB and the results of the examination will be more meaningful in immunocompromised patients. The LF LAM urine test can be an option in confirming the diagnosis of TB in CKD patients where standard examinations have reduced diagnostic ability.

Plain film of the Abdomen.jpg

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