A RETROSPECTIVE ANALYSIS OF ETIOLOGY AND OUTCOMES OF REFRACTORY CAPD PERITONITIS IN A TERTIARY CARE CENTER FROM NORTH INDIA

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INTRODUCTION AND AIMS: Refractory peritonitis is defined as failure of clearance of peritoneal fluid despite five days of appropriate antibiotic therapy. Catheter removal decreases morbidity and mortality. Data on outcomes of refractory peritonitis and the outcomes of reinitiation of peritoneal dialysis in this group of patients is sparse. The present study analyzed etiology, outcomes, and prognostic factors of refractory peritonitis as well as survival of the reinitiation of the technique.

METHODS: This was a retrospective analysis which included 90 patients of refractory CAPD peritonitis at a tertiary care center in North India. We collected information regarding symptomatology, causes, prognostic factors and outcomes of refractory peritonitis.

RESULTS: Ninety patients suffered 93 episodes of refractory peritonitis. Fungal peritonitis was the most common cause of refractory peritonitis. Twenty-nine (31%) episodes were culture negative. We observed no difference between culture positive and culture negative peritonitis. Out of 90 patients, 54 (60%) recovered while 36 (40%) patients expired. Septic shock at presentation alone was significantly associated with mortality in our study. The immediate mortality of refractory peritonitis is high. Even in patients who were shifted to permanent hemodialysis, 33% patients expired in first three months. Mean duration of technique survival after reinitiation was 23 months (1–85 months). Among the 12 patients who were reinitiated on CAPD, five patients had technique failure due to refractory peritonitis or UF failure.

CONCLUSIONS: Refractory peritonitis is associated with significant morbidity and mortality despite catheter removal. Reinitiation is confounded by residual infection and high immediate mortality which is a concern for poor technique survival.