

中文題目：台灣地區結核桿菌與結核分枝(耐酸)桿菌引起腹膜透析併發腹膜炎：回顧性分析

英文題目：Peritonitis in Peritoneal Dialysis Patients: a

Retrospective Healthcare Study in Taiwan

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Background: The prevalence of peritonitis in peritoneal dialysis (PD) patients rises gradually to be a health promoting issue. Mycobacterial peritonitis in PD patients can be due to either *Mycobacterium tuberculosis* or non-tuberculous mycobacterium (NTM). While peritonitis due to NTM is uncommon among PD population, these infections might have serious consequences. They also present a significant diagnostic and therapeutic challenge for clinicians. Therefore, we share the experience of health promoting integrated care among the PD population in Taiwan.

Methods: This was a retrospective observational study conducted at Tao-Yuan General Hospital and Chang Gung Memorial Hospital and over a period of 25 years (1987-2012). Out of 1737 patients, only 7 were diagnosed with mycobacterial peritonitis.

Results: Mean age of the patients was 53.9 ± 11.8 years. Although all patients developed abdominal pain and cloudy dialysate, only four patients (57.1%) had fever. Two patients (28.6%) suffered severe sepsis and septic shock. Therefore, the patient survival rates for NTM and tuberculous peritonitis were 75.0% and 100.0%, respectively. The technical survival rates for NTM and tuberculous peritonitis were 66.7% and 50.0%, respectively. Notably, recurrence of mycobacterial infection was found in one patient with both pulmonary tuberculosis and tuberculous peritonitis.

Conclusion: The diagnosis of mycobacterial peritonitis - whether NTM or tuberculous, remains a challenge to medical staffs because of its insidious nature, the variability of its presentation and the limitations of available diagnostic test. Therefore, a high index of suspicion is needed whenever confronted with culture-negative ascites, particularly in endemic area such as Taiwan.