## **NEP-20**

## TUNNEL INFECTION AND ABDOMINAL WALL ABSCESS WITH FISTULA IN PATIENTS ON CHRONIC PERTIONEAL DIALYSIS (PD)

W-H Lin, J-M Sung, A-B Wu, J-Y Hsieh, C-C Tseng, J-J Huang

Dept. of Internal Medicine, National Cheng Kung University Hospital, Tainan, Taiwan

**BACKGROUND:** *Staphylococcus aureus* (SA) and *Pseudomonas aeruginosa* exit-site infections (ESI) are often associated with tunnel infection (TI), catheter-related peritonitis and catheter removal. But TI with abdominal wall abscess (AWA) are rare.

**METHODS:** In 2005, 150 chronic PD patients were enrolled in our unit. ESI, TI & peritonitis rates were 108.9, 299.7 and 54.5 patient-months, respectively. Only two PD cases with TI presented with AWA.

**<u>RESULTS</u>**: <u>Case 1</u>: A 23-year-old female received PD therapy since 1994. She got refractory TI and received catheter removal and reinsertion in May 1995. In July 1999, superficial abscess over the previous PD wound with residual stitches was noted. Wound culture revealed oxacillin-resistant SA, and vancomycin was used. After local excision failure, debridement was performed in December 1999. Fistula deep to posterior rectal sheath and previous Dacron cuff stitches were found. PD therapy was resumed later.

<u>Case 2</u>: A 56-year-old female received PD therapy since 1996. Skin induration over RLQ with progression was noted since August 2005. Then erythematous ulcerations  $(1 \times 1 \text{ cm}^2)$  over RLQ with pus and bloody discharge were found. Abdominal CT scan revealed TI and AWA with fistula formation. Catheter removal & debridement were performed. Abscess culture yielded coagulase (-) *Staphylococcus* and *Pseudomonas* species, and ciprofloxacin & cefazolin were used. She received hemodialysis therapy later.

**CONCLUSIONS:** Both cases of TI with AWA & fistula received catheter removal and improved soon. Case 1 successfully continued PD without recurrence of catheter-related infection. Case 2 shifted to hemodialysis due to poor self-care. We suggested close care of ESI for early detection of TI and early catheter removal if needed.

Key words: Tunnel infection, peritoneal dialysis, abscess