Burkholderia Cepacia Peritonitis in Ambulatory Peritoneal Dialysis

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The Editor

Sir,

I have recently read two interesting articles, by Apostolovic et al and Yap et al, about infections by Burkholderia cepacia (B cepacia) in chronic patients undergoing peritoneal dialysis (1, 2).

For the first time in literature, Apostolovic et al described the case study of repeated peritonitis by B cepacia affecting a patient on continuous ambulatory peritoneal dialysis (1). The authors emphasized the current rarity of this condition in the out-patient environment, and the good outcome of peritonitis in response to antibiotic treatment without catheter removal. Moreover, the article’s discussion can enhance the awareness of general practitioners and nephrologists about the possible role of rare, opportunistic agents in chronic renal patients (1).

Yap et al reviewed chronic renal patients in peritoneal dialysis, with exit-site infection related or not to tunnel tract or peritoneal involvement by B cepacia. Among 22 of the studied individuals, 36.4% and 31.8%, respectively, had immunosuppression and previous skin changes; both tunnel-tract and peritoneal infection occurred in 13.6% of the patients. Antibiotics alone controlled 68.2% of the infections, but 31.8% required catheter removal (2).

Burkholderia cepacia was sensitive to cef-tazidime or piperacillin/tazobactam (95.5%) and piperacillin (90.5%), and was resistant to aminoglycosides (80–100%) and ticarcillin/clavulanate (91%). The authors highlighted the high transmissibility and risk of recurrence, the resistance to multiple antibiotics and the need for catheter removal in a third of the reviewed patients (2).

The articles herein commented about conditions scarcely reported which might enhance the suspicion index, which would decrease the number of under-diagnosis and under-reported cases.

Keywords: Burkholderia cepacia, endocarditis, peritoneal dialysis, peritonitis

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