

Periton Diyalizi Hastalarında Peritonit, Etkenlerde ve Tedavide Değişiklikler Var Mı?

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• GİRİŞ

Peritonitler günümüzde halen periton diyaliz tedavisinin “Aşıl topuğu” olmaya devam etmektedir.

Enfeksiyonlar periton diyalizi (PD) tedavisi uygulayan hastalarda kardiyovasküler olayların ardından mortalitenin 2. sıradaki nedenidir. PD hastalarında enfeksiyon ilişkili ölümlerin % 18'i peritonitler nedeniyle meydana gelmektedir. Yanı sıra peritonitlerin % 4'ü ölüme neden olurken, PD hastalarında ölümlerin %16'sı peritonitler ile ilişkilidir. Peritonitler halen PD'den hemodiyaliz tedavisine geçişin en önemli nedenlerinden birisidir.

ABD'de periton diyalizi (PD) hastalarında 1980 ve 90'lı yıllarda peritonit insidansı 1.1-1.3/ hasta yılı iken, günümüzde hasta eğitimi iyileştirme önlemleri, yeni bağlantı sistemleri ile giderek azalmaktadır. Son yıllarda birçok merkezde peritonit oranı 0.2-0.6/hasta yılı ya da 20-60 hasta ayında bir olarak bildirilmektedir.

Tüm merkezlerde enfeksiyon oranlarının yıllık olarak kayıt altına alınması önerilirken, peritonit oranları 18 hasta ayında birden fazla olmamalıdır (0.67/ hasta yılı).

• PATOGENEZ

Enfeksiyon Bulaş Yolları

- **Intraluminal:** Genellikle set-torba ya da kateter-set bağlantısı sırasında yapılan hatalar nedeniyle meydana gelmektedir. Bakteriler kateter lümeni aracılığı ile

• TÜBERKÜLOZ OLMAYAN MİKOBAKTERİYEL PERİTONİT

Tüberküloz olmayan mikobakterilerin neden olduğu peritonit vakaları giderek artmaktadır. Etkenlerin yarısından fazlası, *M. fortuitum* ve *M. chelonae* gibi hızlı büyüyen türlerdir ve sıklıkla rutin bakteriyolojik kültürlerde 3 ila 5 günde pozitif hale gelirler. PD hastalarında çıkış yeri enfeksiyonu tedavisinde topikal gentamisin kullanımının yaygınlaşmasının, çıkış yerinde tüberküloz dışı mikobakteriyel etkenlere bağlı enfeksiyon oranlarında artışa neden olduğu ileri sürülmektedir. Tüberküloz olmayan mikobakteriyel peritonit için tedavi rejimi iyi bilinmemektedir ve duyarlılık testine dayanan kişiselleştirilmiş protokoller gerektirmektedir. Kateter çekilmesi genellikle gereklidir ve çıkarılmamasıyla ilgili deneyim sınırlıdır.

• PERİTONİTLERİN TANI VE TEDAVİSİNDE ESKİ SORUNLAR, YENİ UMUTLAR

Kullanıma giren yeni kuşak antibiyotikler enfeksiyonların tedavisinde yeni umutlar olmakla birlikte bunların peritonit tedavisinde kullanımı ile ilgili henüz deneyim yoktur. Örneğin gram-negatif bakterilerin yanında MRSA ve metisilin-dirençli koagülaz-negatif stafilokoklara karşı da etkinliği olan ceftarolin henüz peritonitlerin tedavisinde denenmemiştir. Bunların yanında PD solüsyonlarında antibiyotik stabilitesi ile ilgili veriler eski olup, yeni PD solüsyonları ile ilgili çalışma yapılması gereklidir.

Sorun olan kültür negatif peritonitler ile ilgili olarak ise MALDI-TOF mass spektrometri hem etkenlerin daha çabuk üretilmesi, hem de nadir ya da bilinmeyen patojenlerin tanısında yeni umut olabilir.

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