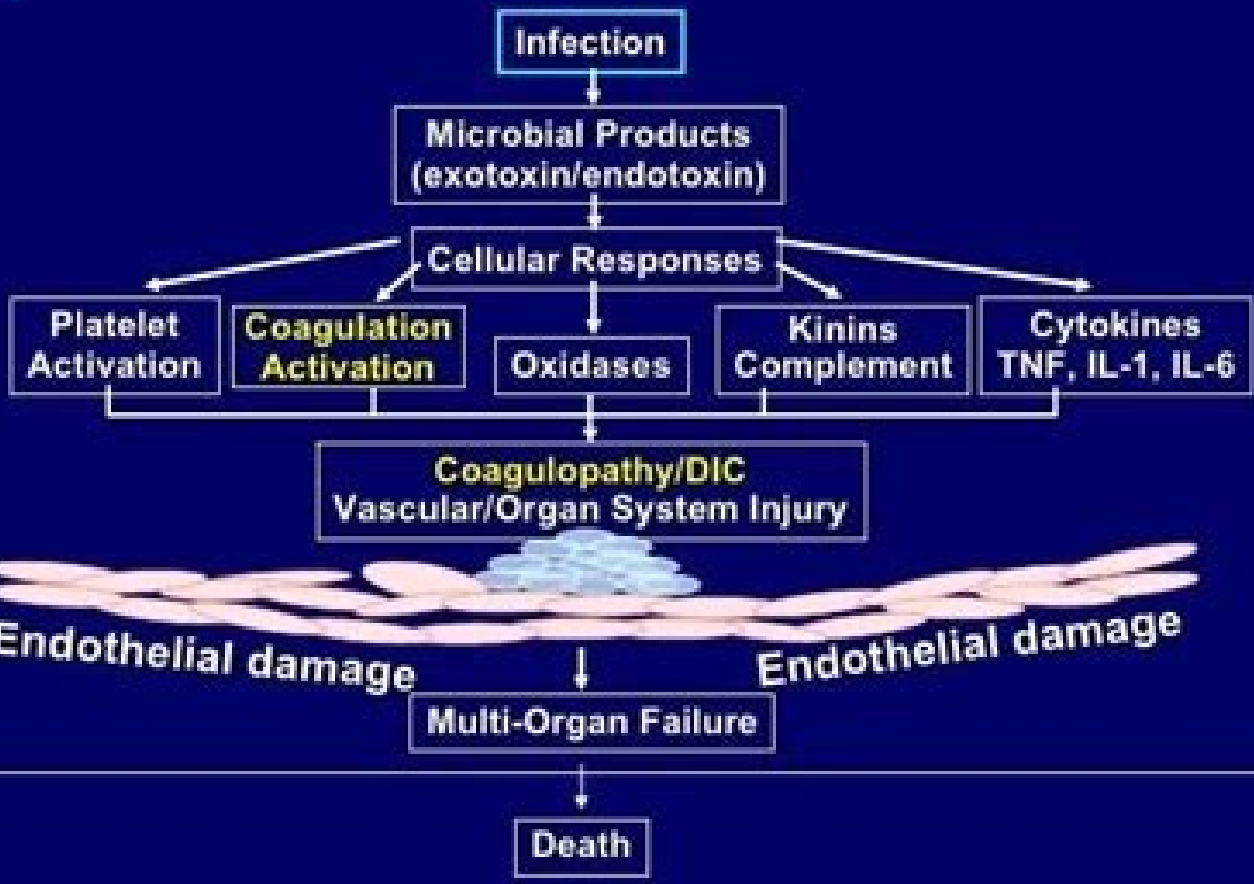


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Pathogenesis of Severe Sepsis



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ORIGINAL ARTICLE

Prevention of peritoneal dialysis catheter infections in Saudi peritoneal dialysis patients: the emergence of high-level mupirocin resistance

Abdullah K. Al-Helw^{1*}, Ibrahim Saaved Abdul-Rahman², Mohammed Hamed Al-Sulaiman³, Mohammed Shami Al-Jundabi⁴, Jose Carolina Divino-Filho⁵, Fahd Abdulaziz Al-Muhanna⁶

¹Department of Internal Medicine, Nephrology Division, King Fahd University Hospital, University of Dammam - Saudi Arabia

²Department of Internal Medicine, Nephrology Division, Riyadh Military Hospital, Riyadh - Saudi Arabia

³Division of Renal Medicine, CLINTEC Institute, Stockholm - Sweden

Purpose: Exit-site infection (ESI) and peritonitis remain the major causes of morbidity and mortality in peritoneal dialysis (PD) patients. The study compared the effectiveness of local mupirocin ointment and gentamicin cream in preventing both gram-positive and gram-negative bacterial infections in PD patients. **Methods:** Patients from two centers ($n = 202$) were assigned to daily mupirocin ointment or gentamicin cream application. Infections were tracked prospectively by organisms and expressed as episodes per patient-year for both ESI and peritonitis. **Results:** The rate of gram-positive ESI was 0.31 episodes/patient-year and 0.22 episodes/patient-year ($p < 0.05$), whereas the rate of gram-negative ESI was 0.28 episodes/patient-year and 0.17 episodes/patient-year ($p < 0.01$) in the mupirocin group and gentamicin group, respectively. Gram-positive ESI occurred in 17.1% vs 10.2% of patients ($p < 0.05$), whereas 20% of and 5.1% of patients ($p < 0.001$) had gram-negative ESI in the 2 groups respectively. *S aureus* was cultured at exit-site in the mupirocin group in 27.8% patients, 40% (16.7% of the total Gram-positive isolates) of them being with high-level mupirocin-resistance. *Pseudomonas aeruginosa* was cultured in 21.8% of ESI in the mupirocin group, and in only 6.7% in the gentamicin group ($p < 0.01$). Peritonitis rates were lower using gentamicin cream, 0.17 episodes/patient-year compared with mupirocin, 0.38 episodes/patient-year ($p < 0.01$). With multivariate analysis, only gentamicin exit-site use was a significant predictor for lower catheter infection rate. **Conclusion:** Prolonged use of mupirocin for ESI prophylaxis is associated with the emergence of mupirocin-resistant *S. aureus*. Gentamicin cream is superior to mupirocin ointment in the prevention of PD catheter infections.

Keywords: Gentamicin, Mupirocin, Peritoneal dialysis, ESI, Peritonitis, Mupirocin resistance

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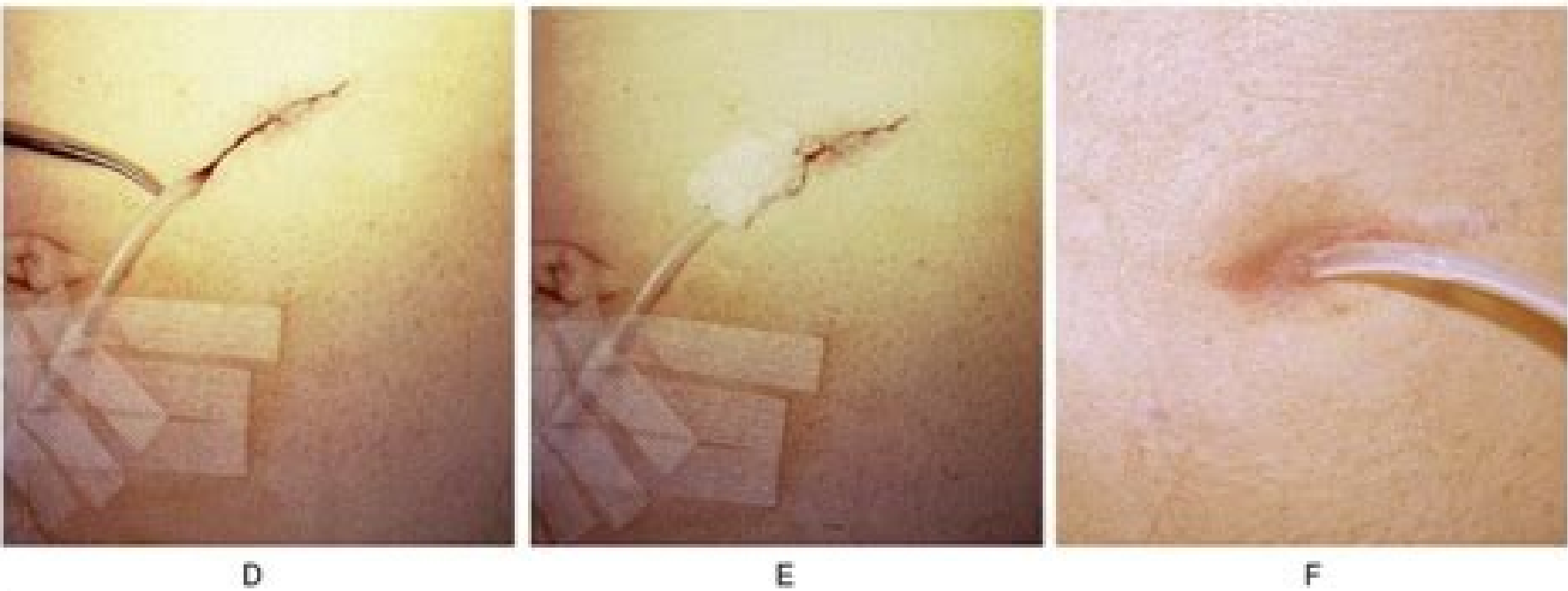
INTRODUCTION

Peritoneal dialysis (PD) is an important, life-saving form of renal replacement therapy (RRT) for a large number of patients worldwide. Peritoneal catheter exit-site infections (ESI), tunnel infections, and peritonitis are serious problems

in PD patients. Contamination, frequently leading to coagulase-negative staphylococcal peritonitis, has decreased through improvement in PD connection technology [1, 2]. In contrast, the pathway to peritonitis caused by *Staphylococcus aureus* [3], *Staphylococcus epidermidis* [4], and other via infection of the peritoneal catheter exit-site [5-7].

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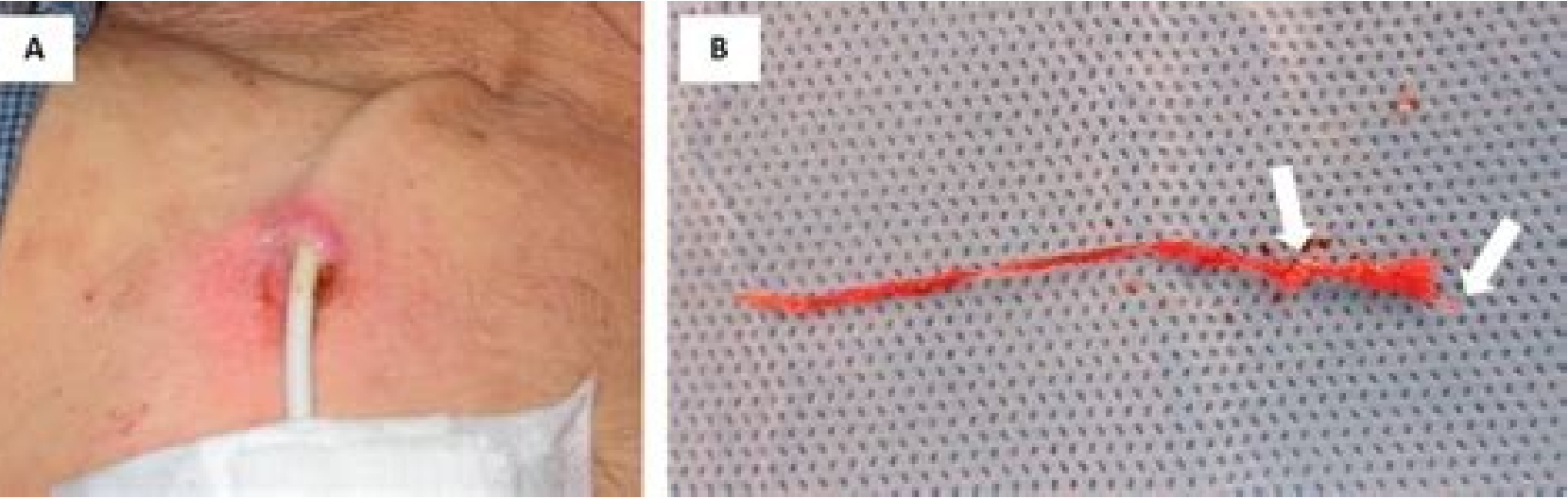
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Hemodialysis catheter-related infection: prophylaxis, diagnosis and treatment

ABSTRACT
Hemodialysis catheter-related infection (HDCRI) is a major cause of morbidity and mortality in patients on hemodialysis. The purpose of this review is to provide an overview of the current evidence on the prevention, diagnosis, and treatment of HDCRI. The review covers the following topics: (1) the epidemiology of HDCRI, (2) the risk factors for HDCRI, (3) the prevention of HDCRI, (4) the diagnosis of HDCRI, and (5) the treatment of HDCRI. The review is based on a search of the literature from 1980 to 2014, using the following keywords: hemodialysis catheter-related infection, prophylaxis, diagnosis, and treatment. The review is organized into five sections, each corresponding to one of the topics listed above. The review is intended for healthcare providers who are involved in the care of patients on hemodialysis.

INTRODUCTION
Hemodialysis catheter-related infection (HDCRI) is a major cause of morbidity and mortality in patients on hemodialysis. The purpose of this review is to provide an overview of the current evidence on the prevention, diagnosis, and treatment of HDCRI. The review covers the following topics: (1) the epidemiology of HDCRI, (2) the risk factors for HDCRI, (3) the prevention of HDCRI, (4) the diagnosis of HDCRI, and (5) the treatment of HDCRI. The review is based on a search of the literature from 1980 to 2014, using the following keywords: hemodialysis catheter-related infection, prophylaxis, diagnosis, and treatment. The review is organized into five sections, each corresponding to one of the topics listed above. The review is intended for healthcare providers who are involved in the care of patients on hemodialysis.



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