

**EARLY SURGICAL INTERVENTION FOR CAPD CATHETER-RELATED REFRACTORY PSEUDOMONAS PERITONITIS IN CAPD PATIENTS: A SINGLE CENTER'S EXPERIENCE OVER ONE DECADE.**

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**BACKGROUND/ AIMS:** The standard treatments for Pseudomonas CAPD peritonitis are antibiotics and early catheter removal. However, the indication for early surgical intervention in refractory Pseudomonas peritonitis has never been investigated.

**METHODS:** There were 9 cases of CAPD catheter-related Pseudomonas peritonitis admitted to the Mackay Memorial Hospital, Taiwan, from 1993 to 2006. Inclusion criteria were: infection only a single organism of Pseudomonas, treatment with appropriate antibiotics and early catheter removal. The hospital course including medical treatments, outcomes and early surgical interventions were reviewed retrospectively.

**RESULTS:** From 1993 to 2002, the 7 cases (77.8%) had a relatively benign course and easily responded to standard treatment. Between 2003 and 2004, two cases (22.2%) failed to improve clinically, were quite refractory to the treatment and were uncommonly complicated with ongoing infection. The surgical intervention was indicated 2 weeks and 1 week after the CAPD catheter removal in the first case and second cases, respectively, preventing extra-abdominal infection in the latter. They recovered completely after peritoneal lavage and multiple drainage tube insertion in the peritoneal cavity, and then switched to maintenance hemodialysis.

**CONCLUSIONS:** Our experience highlights that the possibility of continuing occult infection and consideration of early surgical intervention without delay if the patient failed to demonstrate any significant clinical improvement during the course of appropriate antibiotic treatment and even after the early removal of CAPD catheter in Pseudomonas peritonitis.

**Key words:** refractory Pseudomonas peritonitis, CAPD, early surgical intervention