

AN UNUSUAL CASE OF EOSINOPHILIC PERITONITIS WITH DELAYED ONSET SENSITIVITY TO VANCOMYCIN AND LOSARTAN



Klara Paudel¹, Stanley Fan²

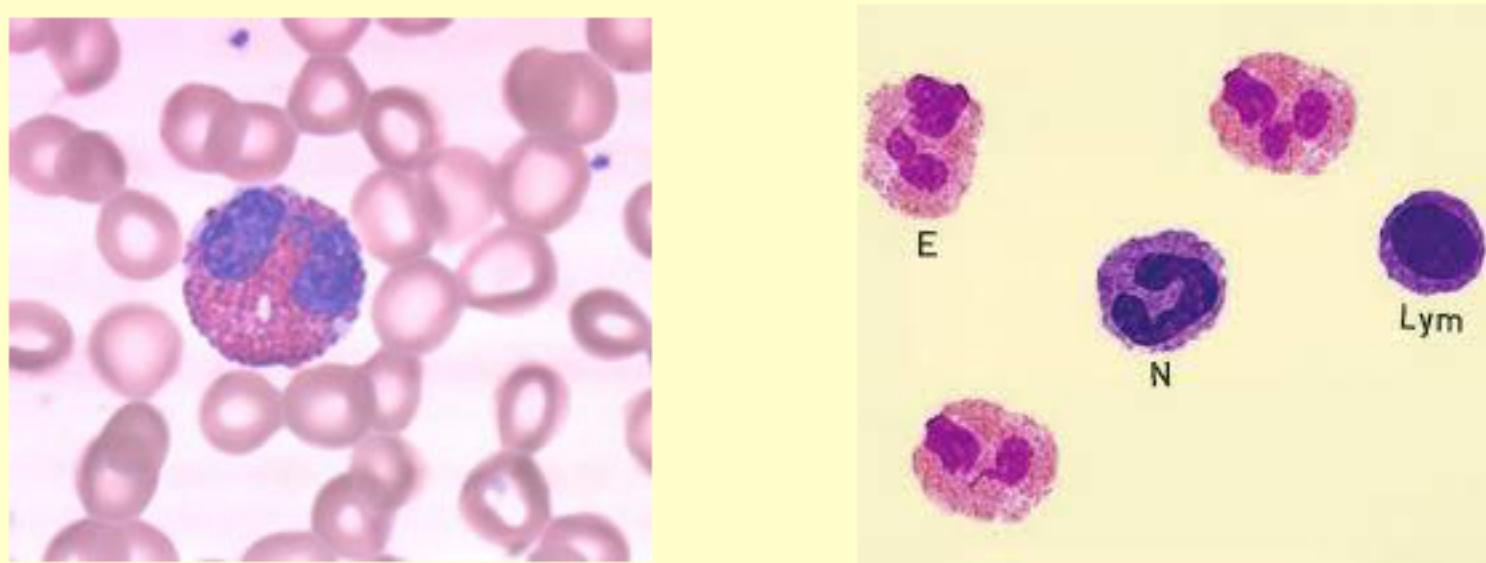
¹Charak Memorial Hospital, Department of Nephrology, Pokhara, NEPAL
²Barts Health NHS Trust, Department of Renal Medicine, London, UNITED KINGDOM



ERA-EDTA Congress
Vienna, Austria
21-24th May, 2016

INTRODUCTION

Eosinophilic peritonitis in peritoneal dialysis is a well known phenomena. It is more common in children and usually occurs in the first few weeks after initiation of peritoneal dialysis. Here we would like to demonstrate an unusual presentation of this entity. It is the first case in the literature describing it as an allergic reaction to oral medications. This knowledge gives new aspects in approaching the idiopathic forms of eosinophilic peritonitis.



Eosinophil cells

CASE DESCRIPTION

A 38 years old female patient, who started peritoneal dialysis 7 months earlier, presented with asymptomatic cloudy bags. The cell count was 240/cc with 33% eosinophils. Intraperitoneal antibiotics were administered as protocol (vancomycin and gentamycin). Culture showed Staphylococcus aureus, thus vancomycin was given for additional 3 weeks and fluid remained clear. However, after the last dose of vancomycin, there was a recurrence of asymptomatic cloudy effluent with high eosinophil count and sterile culture. After an additional dose of vancomycin the fluid became even more cloudy (cell count 1120/cc, 50% eosinophils) rising suspicion to delayed-onset sensitivity to vancomycin. All intraperitoneal drugs were discontinued, however the fluid failed to clear even after few days of oral antihistamines. Prednisolone was given which showed immediate effect confirming the non-infectious, allergic type nature of this case. However, as the prednisolone was tapered and discontinued, the fluid became cloudy again and prednisolone was continued in low dose. Weaning was tried monthly afterwards with failure. Based on suspicion of allergy to oral medications, all oral drugs were discontinued and then restarted one-by-one. This method identified losartan as being the cause of eosinophilic peritonitis, because after restarting it, the cloudy effluent appeared and by discontinuing it, the fluid cleared.

RESULTS

We demonstrated a case of eosinophilic peritonitis where the sensitivity to intraperitoneal vancomycin appeared after several doses of the same antibiotic (there was no change in brand or batch either). Also, we have identified an oral medication, losartan being the second precipitator in the same.

CONCLUSIONS

This is the first case report in the literature of eosinophilic peritonitis caused by oral medication. Until now, only intraperitoneal drugs or components of the peritoneal dialysis system were identified as causes of this entity. Also, we have reports on many cases being labeled as `idiopathic` eosinophilic peritonitis. Is it possible however, that they have similarly an allergic reaction to oral drugs or maybe food or other substances, other than the peritoneal dialysis fluid or system?

REFERENCES

1. Nolph KD et al. Asymptomatic eosinophilic peritonitis in continuous ambulatory peritoneal dialysis. Dialysis & Transplantation 1982;11:309-13.
2. Rosner MH, Chhatkuli B. Vancomycin related eosinophilic peritonitis. Perit Dial Int 2010 Nov-Dec;30(6):650-2.
3. Xu Y et al. Successful treatment of idiopathic eosinophilic peritonitis by oral corticosteroid therapy in a continuous ambulatory peritoneal dialysis patient. Case Rep Nephrol Dial 2015;5:130-4.