PERITONITIS DUE TO KOCURIA ROSEA IN A PEDIATRIC PERITONEAL DIALYSIS PATIENT

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Introduction: We report a 7-year old male with end-stage kidney disease secondary to focal segmental glomerulonephritis undergoing continuous cycling peritoneal dialysis (CCPD) with peritonitis attributable to Kocuria rosea. He presented to the emergency department with history of disconnecting himself from the cycler while he was on dialysis treatment. He was asymptomatic but per protocol, cell count and culture of peritoneal fluid were sent and intraperitoneal cefazolin and ceftazidime were empirically started. White blood cell count was greater than 100/mm3. Peritoneal fluid culture was positive for Kocuria rosea. Ceftazidime was discontinued and subject was successfully treated with cefazolin for 14 days. Kocuria rosea is rarely reported as human pathogen. To our knowledge, this is the second case reported of peritonitis due to this organism in a pediatric patient on peritoneal dialysis (1).

Objectives: To explore the management options for peritonitis due to Kocuria rosea.

Methods: N/A

Results: Kocuria species is a gram-positive, coagulase-negative Actinobacteria, difficult to isolate. It has been reported to be susceptible to penicillin, oxacillin, erythromycin, clindamycin, ciprofloxacin, levofloxacin, trimethoprim/sulfamethoxazole, vancomycin, teicoplanin and linezolid. In a previously reported case, a pediatric patient on peritoneal dialysis presented with common signs and symptoms of peritonitis (fever, cloudy peritoneal fluid). The subject in our case was asymptomatic. The culture and cell count of peritoneal fluid were checked because he disconnected himself from the cycler during the treatment. Peritoneal fluid was clear but white blood cell count was greater than 100/mm3. Initially, empiric treatment with intraperitoneal cefazolin and ceftazidime was started. Kocuria rosea grew in peritoneal fluid culture. Ceftazidime was discontinued and he was successfully treated with cefazolin for 14 days. He continued with peritoneal dialysis without problems.

Conclusion: In pediatric patients on peritoneal dialysis, rare pathogens such as Kocuria rosea can cause peritonitis.