Response to Comment on "Peritoneal dialysis-related peritonitis: twenty-seven years of experience in a medical centre, Medellín, Colombia"

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To the Editor,

We are grateful for the comment made by Yildirim T et al. on our article "Peritoneal dialysis-related peritonitis: twenty-seven years of experience in a Colombian medical center".[1] In this study we presented 27 years of experience of peritoneal dialysis-related peritonitis cases in a medical centre in Medellín, Colombia. During this period we used three different peritoneal dialysis systems: 1) the standard Baxter method, 1981-1997; 2) the twin-bag disconnecting system (Fresenius Medical Care), 1997-2002; 3) the stay-safe ANDY disk system (Fresenius Medical Care), 2002-2008. There were 2,469 episodes of peritonitis in 914 patients from one cohort of 1,497 patients on peritoneal dialysis. The peritonitis rate over the entire period remained stable (0.8 to 0.9), without significant changes. We did not find any difference in peritonitis incidence in the three evaluated periods of time, despite improvement in peritoneal dialysis techniques. However, in the three evaluated periods, peritonitis incidence was always low, remaining within the international standards.

In Medellín, Colombia, peritoneal dialysis began in the middle of the 1980s in the San Vicente de Paúl University Hospital. Initially, the patients receiving this type of dialysis were carefully selected, due to limitations in admission to health services. For this reason the patients were younger, of a good cultural and socioeconomic level and with few comoribidities (average age in 1981 was 32 ± 10 years). With the advent of Law 100 for Social Security in Colombia in 1993[2], the health service was extended to the entire population, increasing the possibilities of admission to dialysis for the most unprotected people. This is how criteria for admission to peritoneal dialysis became more lax and older people, from all social strata and with more co-morbidities (average age in 2008: 52 ± 17 years) were accepted for peritoneal dialysis. Despite this drastic change in the population admitted for peritoneal dialysis, peritonitis incidence remained low but even though there were better systems for peritoneal dialysis, the incidence did not improve. These results contradicted those of other series whereby peritonitis rates improved with progress in the systems[3,4]. However, we agree with the authors Yildirim T et al. in that the cultural or socioeconomic level is not a limiting factor in admitting a patient onto a peritoneal dialysis programme since with adequate training, good results can be obtained and this therapy is very useful for people with few resources that live in remote areas and do not have the possibility of attending a haemodialysis centre.

Conflicts of interest

The authors declare that they have no conflicts of interest related to the contents of this article.

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