Preface

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Directions of Research in Peritoneal Dialysis

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It was a privilege to chair the session Directions of Research in Peritoneal Dialysis at the San Antonio February 1994 Joint DKUHD/ NIDDK and Renal Physician Association Research and Education Foundation Meeting. Dr. Piraino's outstanding presentation and manuscript cover many aspects of research directions related to peritoneal dialysis infections. Her charge was to look ahead only for 1-3 years and to raise our awareness of unanswered questions. She has done that task quite well. We need to address these issues promptly, both from a patient care and cost standpoint.

The lack of time, space and knowledge prevent me from going into great detail, but in the intermediate future regarding peritoneal dialysis-related infections we will need to clearly delineate the cascade of events that occur after microbial contamination. This will undoubtedly relate to the biocompatibility issues raised by Dr. Piraino. For example, could we accelerate leukocyte migration and enhance the host response? What is the role, if any, of glycosylation of peritoneal tissue in immune defenses? What are we going to do about vancomycin-resistant enterococci? What is the role for the presternal catheter? What will happen if we put iron dextran into

dialysate? For those interested in a prospective collaborative study treating fungal infections, contact Isaac Teitelbaum at the University of Colorado in Denver. Follow the work of Gagnon and associates to learn about synergistic antibiotic combinations.

Dr. Burkart's charge was to create a road map for the future as we define adequate peritoneal dialysis. His six questions are profound and present a complex challenge. He emphasizes individual patient characteristics. As this population ages (i.e. presents at ESRD at an advancing age), how will data from younger patients apply? Nocturnal intermittent PD is fairly new and somewhat conflicts with the peak concentration hypothesis. There is no large collective experience with this therapy yet. Burkart details well what we know and don't know. If we do not answer the questions he raises, we will not be able to find the appropriate time and cost-saving short cuts that are so desperately needed. Adequacy measurements in PD are incredibly tedious as we currently perform them. Lastly, how does peritonitis or other adverse events affect adequacy.

We certainly have a challenge ahead to address the areas described by Drs. Piraino and Burkart. Are we up to it?