Dear Sir,

The chronic dialysis patients present immune disorders, particularly cellular, explaining the infection complications, especially tuberculosis [3]. About 180 cases of tuberculosis in patients having renal insufficiency before or on dialysis are reported from European and North American centers. The tuberculosis frequency in those centers is between 1 and 6%, but incidences are ten times more important than that of the general population [1, 2, 4, 5].

At our dialysis center, during the past 6 years, from March 1982 to March 1988, among the 118 dialysis patients, there were 13 cases with tuberculosis representing a frequency of 11%. The tuberculosis incidence in Tunisia is 44/100,000 inhabitants. It is clear that tuberculosis during dialysis treatment is 230 times more important than in the general population.

These data explain the high incidence of clinical and infraclinical tuberculosis in our country. The depression of immunity from renal insufficiency favours the disease reviviscence from the ancient localization dating from the first untreated or unnoticed infection.

Malnutrition ascertained in patients with chronic renal failure detected in advanced stage also constitutes a predisposing factor. Diabetic and immunosuppressive treatment prescribed for initial nephropathy or after renal transplantation form an adjunctive factor in an endemic country [1].

Tuberculosis in dialysis patients is frequent, but also serious. An increased mortality rate (6/13) leads to some preventive measures. Common measures for the whole population are vaccination with bacille Calmette-Guérin and treatment of every primary infection. Finally, we suggest chemoprophylaxis with isoniazid during the 1st year of dialysis which constitutes the frequent disclosure period of the disease. This chemoprophylaxis is intended for all patients having tuberculosis antecedents or being exposed to tuberculosis contamination.

References


