***Torulopsis glabrata* Peritonitis in a Chronic Hemodialyzed Patient**

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Dear Sir,

Torulopsis glabrata is a yeast-like-organism present in the respiratory and digestive tracts. *T. glabrata* peritonitis arises particularly in immunocompromised hosts, such as cancerous patients [1]. In end-stage renal disease, sepsis remains an important cause of morbidity and mortality, partly because of alterations in the immune system [2]. We report a case of a *T. glabrata* peritonitis in a chronically hemodialyzed patient.

Our patient, 63 years old, had been hemodialyzed from 1983 because of an interstitial nephritis. *Staphylococcus aureus* septicemias occurred several times from his arteriovenous fistula, and arthritis occurred during the last episode. At that time, *Mycobacterium tuberculosis* was observed in the sputum at many times but no pulmonary radiologic abnormalities were detected. Treatment with isoniazid and rifampin was started. Anorexia appeared, and total parenteral nutrition was imperative. So, a catheter was inserted in the right internal jugular vein. During this procedure, a brief cardiac arrest happened. The patient was resuscitated and could be extubated 12 h later. After complete recovery, he was discharged from the ICU. Unfortunately, 3 days later, a sepsis shock required controlled ventilation, fluid administration and dopamine. Clinical examination revealed an abdominal contracture. So, a laparotomy was promptly performed. Duodenal ulcer and peritonitis were discovered. Because of multi-organ failure, the patient died 48 h later. Peroperative microbiologic samples from the intraperitoneal liquid revealed *T. glabrata* in all of them.

T. glabrata peritonitis was described after iter al abdominal surgery or antineoplastic chemotherapy. Antibiotherapy is also a risk factor, such as an indwelling catheter. But this peritonitis could occur after gastroduodenal perforation and is frequently polymicrobial [1]. A few isolated cases were reported but patients had no immunodeficiency [3]. In our case, the cardiac arrest could be involved in the pathogenesis of the duodenal ulcer. However, the occurrence and growth of *T. glabrata* are due to the immunodeficiency observed during chronic renal failure. Its mechanisms have been recently reviewed [2]. The various infections

observed in this case demonstrate how the immunodeficiency of chronic renal failure could be profound and lethal. So, it is necessary to search the same pathogens for end-stage renal disease patients as for immunocompromised hosts.

References

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