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Theme : Rehabilitation, Quality of Life and Survival

Twenty-five years experience of continuous ambulatory peritoneal dialysis in a single kidney center

Han, S.H.¹, Lee, S.C.², Lee, J.E.¹, Choi, H.Y.¹, Moon, S.J.¹, Lee, H.S.¹, Park, S.Y.¹, Kim, S.J.¹, Yoo, D.E.¹, Oh, H.J.¹, Kim, B.S.¹, Kang, S.W.¹, Choi, K.H.¹, Han, D.S.¹, Lee, H.Y.¹; Yonsei university, Seoul¹, Kwandong universtiy, Koyang², South Korea

Objectives: Continuous ambulatory peritoneal dialysis (CAPD) is an established treatment of ESRD. We undertook this study to investigate the outcomes of CAPD for 25 years in our institution. **Method:** Total 2301 cases of CAPD were performed since 1981. Excluding patients with follow up duration less than 3 months and missing data, 1581 patients were included who started PD from November 1981 to December 2005. Data for sex, age, primary disease, follow up duration, cause of death, and cause of technique failure were collected. Also, data for urea kinetic modeling (UKM) since 1990, and peritonitis episodes and causative organism since 1992 were recruited **Results:** Patients survival at 1, 5 and 10 year after CAPD commencement were 93.5%, 69.8% and 50.4%. Diabetes and older age were independent risk factors for death. Subgroup analysis based on UKM revealed that dialysis adequacy didn't affect patients survival. However, diabetes, older age and serum albumin were identified as significant risk factors. Technique survival at 1, 5 and 10 year were 94.5%, 70.1% and 43.7%. Sex, age and diabetes were not influential on technique outcomes. Technique survival was significantly higher in patients who started PD after 1993 compared with those before 1992. Peritonitis was the main reason for technique failure. Overall peritonitis rate was 0.38 episode per patient-year. Diabetic patients experienced higher peritonitis episodes. Peritonitis rate was significantly decreased from 1992 to 2005 along with decrease in gram positive peritonitis. Staphylococcus epidermis was the most common organism. Among gram positive peritonitis, methicillin resistant staphylococcus were increasingly prevalent. **Conclusion:** We believe that this was the largest cohort study of CAPD patients in Korea. Technique survival improved probably due to decreased incidence of peritonitis. Diabetes, older age and serum albumin represented significant determinants for death. Meticulous attention for diabetic, older and malnourished patients was needed to improve patients survival.