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Letter to the Editor

LETTER TO THE EDITOR

Stability and compatibility of antibiotics in PD solutions—call for including antibiotics for drug-resistant infections

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We read the review by So *et al*. [1] with interest and would like to commend the authors for this much-needed compilation of updated information on the stability and compatibility of the commonly used antibiotics in peritoneal dialysis (PD) solutions [2–6]. Prompt treatment with antibiotics via the intraperitoneal (IP) route admixed with PD solutions with a minimum dwell time of 6 h, as recommended by the International Society for Peritoneal Dialysis, remains the cornerstone for the treatment of peritonitis [7]. Therefore, robust data on the stability and compatibility of antibiotics in PD solutions is crucial for clinicians to ensure the safety and efficacy of antibiotics leading to good treatment outcomes. We also note that Ma *et al*. [8] published a review over 5 years ago on newer antibiotics that could be used for the treatment of drug-resistant PD-associated peritonitis. However, they provided limited information on their stability and compatibility with PD solutions and no information on the stability and compatibility of these antibiotics in low glucose degradation products PD solutions that come in multi-compartment bags, and are being increasingly used [9]. Moreover, available stability and compatibility data on some of these antibiotics have not been updated in the review by So *et al*. [1], which would be especially useful in regions and units with emerging antibiotic-resistant strains. Whilst we recognize that pharmacokinetic data is currently unavailable for many newer antibiotics for IP administration, the compilation of data on the stability and compatibility of antibiotics with PD solutions would facilitate the use of these antibiotics when more pharmacokinetic information becomes available. We therefore propose that an updated review that summarizes the chemical stability and physical compatibilities of newer antibiotics in PD solutions, not included in the review by So *et al*. [1], would provide more explicit guidance for clinicians when deciding the type of PD solution they could use to treat peritonitis due to multi-drug resistant organisms.

CONFLICT OF INTEREST STATEMENT

K.S. has received speaker's honoraria from Baxter Healthcare.

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