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pocket encompassing almost the entire small intestine without signs of occlusion, followed by a puncture and a scanno-guided drainage. The patient was put on corticosteroid therapy with a good evolution.

Case 2:

A 47-year-old woman with a history of pericarditis followed for chronic renal failure initially treated by continuous peritoneal dialysis for one year and then renal transplantation in 2011. She presented 5 months after the renal transplantation with an alteration of the general state, abdominal pain, a meteorism with vomiting and an inflammatory syndrome in the biology. An exploratory laparoscopy revealed a chronic septate peritonitis. She was put on corticotherapy and tamoxifen after one month of the beginning of the symptoms the evolution was marked by the death.

Both patients had no recurrent peritonitis.

**Conclusions:** Encapsulating peritonitis is a serious condition that rarely complicates peritoneal dialysis. Early diagnosis and treatment can improve the prognosis.

No conflict of interest

## POS-685

### SARS-COV2 INFECTION IN PATIENTS ON PERITONEAL DIALYSIS



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**Introduction:** The SARS-CoV2 disease was declared as a pandemic in March 2020 by the World Health Organization. This pathology has various clinical presentations, ranging from asymptomatic forms to serious life-threatening pulmonary disease.

The aim of this study was to describe clinical characteristics, treatments, and outcomes of peritoneal dialysis (PD) patients with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.

**Methods:** We conducted a descriptive retrospective study carried out in the PD unit of Charles Nicolle Hospital of Tunis from December 2019 to September 2021. We used Real-Time Reverse Transcriptase Polymerase Chain reaction (RT-PCR) to confirm SARS-Cov-2 infection after nasopharyngeal swabbing. We tested patients who presented symptoms or had contact with a confirmed case.

**Results:** We enrolled 20 patients positive for SARS-CoV-2. There were 14 men and 6 women (gender ratio: 2.3). The median age was 39 years. Four patients had 2 episodes of SARS 2 infections separated by an average time of 5 months and one week. All of the patients were on automated PD with an average duration of PD of 3 years. Three of them had a history of peritonitis. The most common comorbidities were: hypertension 14 (70%), diabetes 5 (25%), cardiac pathologies 3 (15%); coronary heart disease in 2 patients, and atrial fibrillation in the other patient. One patient had a history of deep vein thrombosis and 2 patients had a history of cerebrovascular accidents, one of them had antiphospholipid syndrome.

Three patients had autoimmune disease: systemic lupus erythematosus in 2 cases and hypothyroidism in one case. The revealing symptoms were dominated by asthenia, deterioration of the general condition, and dry cough in respectively 95,8%; 52,2%, and 62,5%. We noted muscle and body aches in 45,83%, diarrhea in 29%, and vomiting in 16,7% of cases. Dyspnea was observed in 29,2 % of patients. Only two patients reported the loss of taste and smell. Fever was present in 9 patients. Two patients had low blood pressure due to dehydration. Four patients presented with low blood oxygen levels. The biological inflammatory syndrome was found in 6 patients (C-reactive protein average=109,8 mg/l). Chest computed tomography (CT) scan was practiced in 5 cases. It was positive in 4 of them with an average extent of damage of 55%. An intercurrent infection was noted in 2 cases: a superinfected skin ulcer in one case and peritonitis in the other one. Bacterial superinfection was noted in one case. Seven patients were admitted to the hospital and one of them was in the intensive care unit (ICU) for high oxygen needs. All the patients received azithromycin, vitamin C and D, and zinc supplementation. A preventive dose of heparin was prescribed in 8 patients. Two patients died: one from refractory hypoxemia

and intubation and mechanical ventilation couldn't be provided due to ICU beds shortage and the other one died in unspecified circumstances.

**Conclusions:** SARS Cov 2 infection does not appear to be more severe in patients with end-stage renal disease on PD with a similar mortality rate compared to the general population

No conflict of interest

## POS-686

### OVERVIEW OF CONTINUOUS AMBULATORY PERITONEAL DIALYSIS PROGRAM AMONG END RENAL DISEASE PATIENTS DURING CORONA VIRUS DISEASE 2019 PANDEMIC. A SINGLE CENTRE EXPERIENCE



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**Introduction:** Penang has unprecedented exponential increase in Corona virus Disease 2019 (COVID 19) cases since the pandemic outbreak. This study aim at assessing the clinical impact of COVID 19 pandemic to our centre end stage renal disease ( ESRD ) patients on continuous ambulatory peritoneal dialysis ( CAPD ) .

**Methods:** Retrospective case control study by reviewing CAPD clinic record from March 2020 until August 2021. All CAPD patients under our follow up were included. CAPD patients from other centre were excluded.

**Results:** A total of 37 CAPD patients recruited of which 19 males and 18 females with the mean age of 47 year old (SD 16 ). The mean systolic blood pressure is 126mmhg ( SD 12 ), and mean diastolic blood pressure is 83 mmhg ( SD 13 ). Mean KT/V 1.9 ( SD 0.2 ). Laboratory blood results during the pandemic revealed mean hemoglobin of 9.1 (SD 1.9), transferrin saturation 22.9 % (SD 3.5), potassium 4.2 mmol/l ( SD 0.4 ), urea 22.1 mmol/L (SD 1.7), creatinine 309 umol/L( SD 114 ), corrected calcium 2.1 mmol/l (SD 0.2 ), phosphate 2.1 mmol/l (SD 0.6), alkaline phosphatase 69.7 U/L ( SD 21 ) and intact parathyroid hormone 54.9 pmol/L ( SD 23.7). Thirty five CAPD patients ( 94.6% ) received full dose of COVID 19 vaccine , 2 patients opt out for the vaccination. One patient who received full dose of COVID 19 vaccine had community acquired COVID 19 infection with full recovery. No COVID 19 mortality reported among our CAPD patients.

**Conclusions:** Home CAPD has a lower risk of COVID 19 infection with good clinical outcome during the pandemic. COVID 19 vaccination effectively reduce the severity and mortality of infection among CAPD patients.

No conflict of interest

## POS-687

### PERITONEAL DIALYSIS-ASSOCIATED HAEMOPHILUS INFLUENZAE PERITONITIS: CASE PRESENTATION AND REVIEW OF LITERATURE



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**Introduction:** Peritoneal dialysis (PD) provides patients with an alternative to hemodialysis (HD) in end-stage renal disease (ESRD), allowing patients greater flexibility to accommodate variable schedules. However, PD comes with risks including peritonitis as its major complication. We present a case of PD-associated peritonitis (PDAP) with *Haemophilus influenzae*, an unusual etiologic agent, with a review of available literature.

**Methods:** A 26-year-old African American woman with a history of hypertension, heart failure with reduced ejection fraction (35%), systemic lupus erythematosus, and ESRD on PD, presented to the ED with a 1-day history of severe abdominal pain around her PD catheter site. On admission, vital signs showed a temperature 98.6 F, blood pressure 158/104 mmHg, pulse 90 beats/minute, and respiratory rate 18 breaths/minute. Admitting diagnosis was PDAP. Blood and peritoneal fluid (PF) were collected for culture. Parental vancomycin and ceftriaxone were administered. The night of admission, she developed a fever of 101.7 °F. On day 2, peritoneal fluid analysis showed 121,620 WBC/mL with 93% neutrophils and beta lactamase-positive *Haemophilus influenzae* was isolated from it. Blood cultures remained sterile. Pain improved and patient was discharged on the following day with a 3-week course of intraperitoneal ceftazidime.