Surgical approach is aimed at controlling the source (e.g., perforated appendix), débridement, and drainage of abscesses.

Peritonitis during Peritoneal Dialysis

Rates of peritonitis during long-term peritoneal dialysis average less than 1 case in 24 months, but a few patients have higher rates. Bacteria usually represent skin flora, with *Staphylococcus epidermidis*, *S. aureus*, and streptococcal species predominating. Most patients have abdominal pain and tenderness but no fever. Neutrophil counts greater than 100 cells/μL and bacteria in a cloudy dialysate confirm the diagnosis.

Treatment can usually be accomplished intraperitoneally on an outpatient basis. Several antibiotic regimens have proved effective. Removal of the peritoneal catheter may be necessary (10% to 20% of cases) if there is a catheter tunnel infection, an unusual organism such as a fungus, or persistent infection.

Tuberculous Peritonitis

Primary tuberculous peritonitis often has a gradual onset. Symptoms include fever, abdominal pain, and weight loss. Pulmonary tuberculosis often exists. Signs may include tender, "doughy" masses or ascites. Symptoms and signs may be subtle.

Peritoneal fluid is exudative and contains 500 to 2000 cells/μL, mostly lymphocytes. Culture of peritoneal fluid is positive in only 25% of cases. The diagnosis is made by biopsy of nodules seen on the peritoneum during laparoscopy. Treatment consists of standard antituberculous therapy.

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