PD catheter was performed under fluoroscopic guidance and aseptic technique. Intravenous cefazolin and oral levofloxacin were given as prophylaxis before the procedure.

One day after the repositioning, the woman developed fever, abdominal pain, and turbid PD effluent. The initial total cell count in effluent was $323 \times 10^6/L$ (neutrophils predominant), and the patient responded poorly to intraperitoneal cefazolin and amikacin. An effluent culture grew *Arcobacter* species 5 days later, and the patient responded after a switch to intravenous ticarcillin-clavulanate for 2 weeks, with no need for catheter removal.

Arcobacter is a gram-negative, spiral-shaped bacterium that is phylogenetically related to *Campylobacter*. Although it has emerged as an enteropathogen and zoonotic agent in recent years, reports of severe infection with bacteremia have been limited, usually occurring in immunocompromised hosts or patients with indwelling devices (1). This report is the first of *Arcobacter* PD-related peritonitis. The predisposing factors might include renal failure, presence of a PD catheter, and introduction of *Arcobacter* into the peritoneum during catheter manipulation. Although the use of prophylactic antibiotics might prevent peritonitis after catheter manipulation, our usual regimen was ineffective given that a high proportion of *Arcobacter* species are resistant to first-generation cephalosporins and quinolones (1,2).

Arcobacter species are slow-growing organisms; cultures often become positive only after 4 – 5 days, as in our case. A molecular approach may offer an earlier diagnosis (3). In this context, close liaison with the microbiologist and an early switch to broad-spectrum antimicrobials may be beneficial. In our experience, the use of intravenous ticarcillin-clavulanate for 2 weeks appeared to be adequate for the treatment of this infection, allowing the PD catheter to be preserved.

DISCLOSURES

The authors have no financial conflicts of interest to declare.

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***Arcobacter* Peritonitis After Fluoroscopic Repositioning of a Tenckhoff Catheter**

Editor:

We report the first recorded case of *Arcobacter* peritonitis in a peritoneal dialysis (PD) patient. It occurred after repositioning of a Tenckhoff catheter under fluoroscopic guidance.

A 63-year-old woman with end-stage renal failure from unknown causes was started on PD. She was found to have poor ultrafiltration because of a malpositioned PD catheter. Successful repositioning of her

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