***Burkholderia cepacia*—An Uncommon Cause of Exit-Site Infection in a Peritoneal Dialysis Patient**

Editor:

We report a case of exit-site infection due to *Burkholderia cepacia* in a peritoneal dialysis (PD) patient. A 31-year-old lady suffered from end-stage renal failure due to focal segmental glomerulosclerosis and was initiated on PD in 2011. She had a history of umbilical hernia and was put on low-volume exchanges. She presented with bloody discharge and pain at the exit site for 1 day. Physical examination revealed a partially protruding external cuff of the PD catheter but there was no tunnel tract involvement or associated peritonitis. Exit-site culture grew *Burkholderia cepacia* which was sensitive to ceftazidime. After trimming the external cuff, she was successfully treated with 2 weeks of intravenous ceftazidime with no recurrence.

Burkholderia cepacia is a ubiquitous organism which is found most commonly on plant roots, soil, and in moist environments (1). *B. cepacia* infection usually occurs in cystic fibrosis patients and immunocompromised hosts (1). Nosocomial outbreaks of *Burkholderia* bacteremia have also been reported in intensive care and dialysis units due to contaminated medical devices (2–4). The

immunocompromised state related to inadequate dialysis and the protruding external cuff are possible predisposing factors for *Burkholderia* exit-site infection in our patient. There is limited data regarding the treatment of PD-related peritonitis and exit-site infections due to *B. cepacia*. This organism is intrinsically resistant to drugs commonly used for exit-site infection such as first- and second-generation cephalosporins, and aminoglycoside. The antimicrobials recommended against *B. cepacia* include ceftazidime, meropenem and cotrimoxazole (1). Our experience suggested that *B. cepacia* exit-site infection can be treated with appropriate antibiotics without the need for Tenckhoff catheter removal.

DISCLOSURES

The authors have no financial conflicts of interest to declare.

Desmond Y. H. Yap*
Cindy B. Y. Choy
Maggie M. Y. Mok
Tin Kan Wong
Tak Mao Chan

Division of Nephrology, Department of Medicine
Queen Mary Hospital, The University of Hong Kong
Hong Kong

*email: desmondy@hku.hk

REFERENCES

1. Gautam V, Singhal L, Ray P. *Burkholderia cepacia* complex: beyond pseudomonas and acinetobacter. *Indian J Med Microbiol* 2011; 29:4–12.
2. Bressler AM, Kaye KS, LiPuma JJ, Alexander BD, Moore CM, Reller LB, et al. Risk factors for *Burkholderia cepacia* complex bacteremia among intensive care unit patients without cystic fibrosis: a case-control study. *Infect Control Hosp Epidemiol* 2007; 28:951–8.
3. Romero-Gomez MP, Quiles-Melero MI, Pena Garcia P, Gutiérrez Altes A, García de Miguel MA, Jiménez C, et al. Outbreak of *Burkholderia cepacia* bacteremia caused by contaminated chlorhexidine in a hemodialysis unit. *Infect Control Hosp Epidemiol* 2008; 29:377–8.
4. Berkelman RL, Godley J, Weber JA, Anderson RL, Lerner AM, Petersen NH, et al. *Pseudomonas cepacia* peritonitis associated with contamination of automatic peritoneal dialysis machines. *Ann Intern Med* 1982; 96:456–8.

doi: 10.3747/pdi.2013.00090