

Recognition and Management of Spontaneous Bacterial Peritonitis



Kenneth E. Sherman, MD, PhD, FACP
Gould Professor of Medicine
Director, Division of Digestive Diseases
University of Cincinnati College of Medicine
Cincinnati, Ohio

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Outline



- Diagnosis of spontaneous bacterial peritonitis
- Management of spontaneous bacterial peritonitis
- Indications for spontaneous bacterial peritonitis prophylaxis
- Regimens for spontaneous bacterial peritonitis prophylaxis

Diagnosis of Spontaneous Bacterial Peritonitis



Spontaneous Bacterial Peritonitis (SBP): Diagnosis



- Diagnosis of SBP:
 - Positive ascitic fluid bacterial culture

Trumps

- Absolute polymorphonuclear leukocyte (PMN) count at or above 250 cells/ μ L

Trumps

- Total white blood cell count above 500 cells/ μ L
- No evident intra-abdominal source of infection

Terminology for Ascitic Fluid Infections



	PMNs	Culture
SBP	> 250 cells/ μ L	Positive
Culture-negative neutrocytic ascites	> 500 cells/ μ L	Negative
Monomicrobial nonneutrocytic bacterascites	< 250 cells/ μ L	Positive

Management of Spontaneous Bacterial Peritonitis



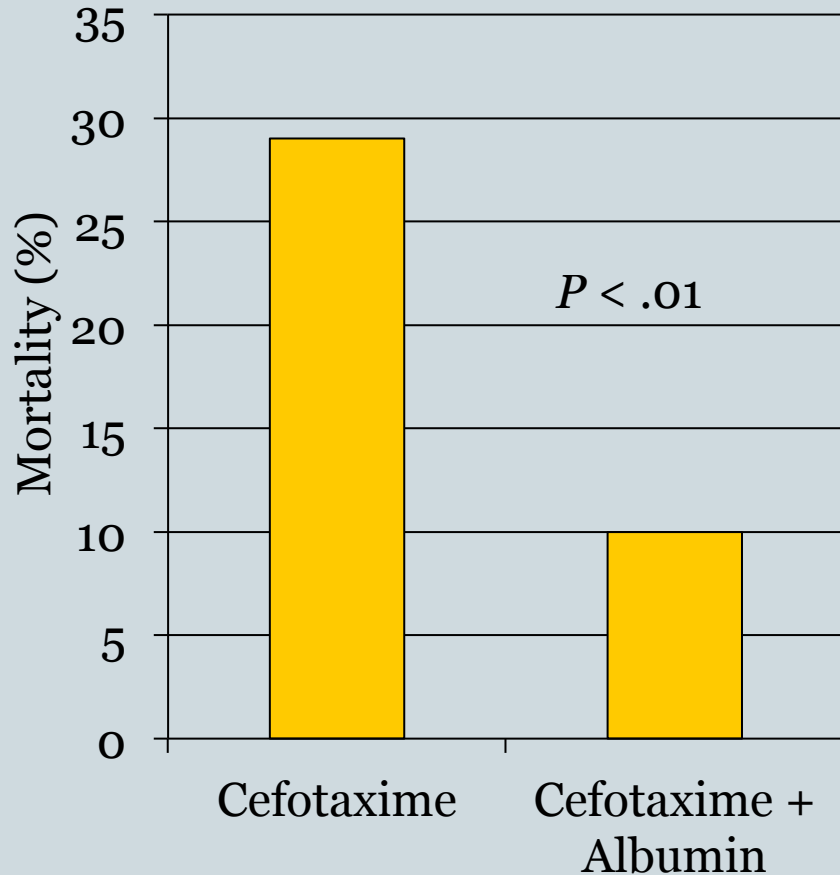
Management of SBP



- Antibiotics intravenously for 5 days
 - Cefotaxime
 - Other third generation cephalosporins
 - Ciprofloxacin (if β -lactam allergic)
- Consider repeat paracentesis at 48 to 72 hrs

SBP

Effect of Albumin Infusion



Albumin infusion: dose of 1.5 g per kg body weight within 6 hours of SBP diagnosis, followed by 1 g per kg of body weight on day 3

Albumin infusion reduced mortality from 29% to 10%

Indications for Spontaneous Bacterial Peritonitis Prophylaxis



Indications for Spontaneous Bacterial Peritonitis Prophylaxis



- One or more episodes of SBP
- Low ascitic fluid protein: less than 1 mg/dL to 1.5 mg/dL
- Ability to continue until resolution of ascites, liver transplantation, or death
- Short-term prophylaxis indicated in setting of variceal bleeding

Regimens for Spontaneous Bacterial Peritonitis Prophylaxis

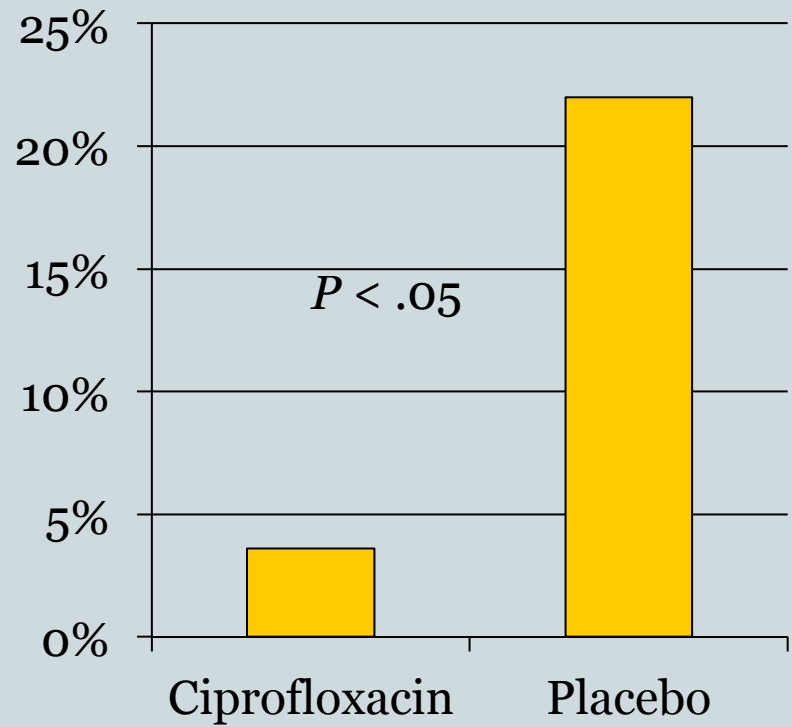


Regimens for SBP Prophylaxis



- Ciprofloxacin 750 mg per week or 500 mg per day
- Norfloxacin 400 mg per day
- Trimethoprim-sulfamethoxazole 1 double-strength per day (?5 days/week)

SBP Incidence, 6 Months



Summary



- SBP and subsets of ascitic fluid infections are defined by the ascitic fluid cell count and bacterial culture of the fluid
- Several antibiotic regimens are effective for treatment
- Use of albumin in patients with SBP improves survival
- Prophylaxis with antibiotics reduces risk of recurrent SBP

End



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