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Coexistence of Cellulitis and Primary Peritonitis in a Pediatric Patient with Nephrotic Syndrome: a Case Report

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ABSTRACT

Nephrotic syndrome is a chronic disease that increases the risk of skin, respiratory and urinary tract infection, while also increasing the chance for other diseases, like peritonitis and meningitis. A four year old patient with a history of nephrotic syndrome was admitted to emergency room (ER) with the following symptoms: abdominal pain, fever, diarrhea and vomiting, associated to abdominal wall erythema, abdominal distension and peritoneal signs. In order to make a differential diagnosis of the infection, peritoneal fluid was extracted and, according to the characteristics found, treatment with broad-spectrum antibiotics was started. Cases in which different infections like pneumonia, abdominal wall peritonitis and cellulitis occur simultaneously have been reported rarely. Early diagnosis and dismissal of other causes of acute abdominal pain, as well as early introduction of antibiotics are fundamental in the treatment of these kind of infections.

<u>Keywords.</u> Primary peritonitis, cellulitis, nephrotic syndrome.

INTRODUCTION

Complications of Nephrotic Syndrome (NS) can arise as part of the disease or as a consequence of the treatment employed by physicians. In developing countries infection is the main complication associated with NS¹, usually developing in an episode of nephrotic disease, or inducing a relapse in a child in remission². In childhood, NS shows an incidence of 2 to 4 cases per 100000¹, with a high mortality rate as a consequence of infection. It is estimated that about 1.5% of pediatric cases result in death as a consequence of superadded infection related to their underlying pathology.³

The occurrence of different forms of infection have been reported in conjunction with NS. These infections include: superior respiratory tract, urinary tract, skin infection, severe infection like pulmonary tuberculosis, meningitis and peritonitis. These infections often lead to rapid sepsis and may compromise the patient's life.² Co-occurrence of different types of infection is very uncommon.²

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