

Spontaneous bacterial peritonitis

Spontaneous bacterial peritonitis is a bacterial infection of the ascites without any detectable or surgically treatable source of the infection. This is a common complication of ascites (30%) of cirrhotic origin.

Etiology and pathogenesis

- The source of the infection is probably the intestine - the infection passes through the intact intestinal wall through translocations
- ascites with low opsonic activity are more susceptible to spontaneous bacterial peritonitis,
- infectious agents are mostly facultative anaerobic gram negative intestinal bacteria: *E. coli*, *Klebsiella*, *Enterobacter*, *Proteus*.

Clinical manifestation

- Signs are variable + mostly insignificant,
- infection can manifest with ↑ accumulation of the ascites + failure of the diuretic treatment, or with the liver insufficiency,
- subfebrile temperature + diffuse abdominal pain,
- often manifest after the bleeding of the esophageal varices,
- untreated bacterial peritonitis has lethality about 30 %.

Diagnostics

- Diagnostic paracentesis with ascites examination: cultivation, leukocytes $> 0,4 \times 10^9/l$ → start treatment.

Therapy

- Cephalosporins of the third generation (cefotaxime, 2 g every 8 hours), albumin (prevention of the hypovolemia - hepatorenal syndrome),
- selective intestinal decontamination with the non-absorbable antibiotics (norfloxacin 400 g) - prevention.

Prognosis

- Poor (relapse, worsening of liver + renal function).

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Bibliography

- DÍTĚ, P., et al. *Vnitřní lékařství*. 2. edition. Praha : Galén, 2007. ISBN 978-80-7262-496-6.