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Efficacy of taurolock™ in preventing primary bacterial peritonitis in patients undergoing peritoneal dialysis for renal insufficiency: A randomized, multicenter, double-blind study with placebo

Peritoneal dialysis is increasingly used in patients with chronic renal insufficiency, yet it is associated with the risk of peritonitis. In this parallel randomized controlled trial, a catheter locking solution (Taurolock™) was tested against a placebo in the reduction of peritonitis episodes and other secondary effects over two years. Patients from 11 French centers were randomized to Taurolock (n=75) or placebo (n=73). No significant difference was seen in the number of peritonitis events (24% IC95% = [15.2%-35.5%] Taurolock™ vs 27.4% IC95% = [17.9%-39.3%] placebo, p=0.78) or relapses

(5.6% Taurolock™ vs 4.3% placebo, p=0.55). Similarly, death rate did not differ significantly between the groups (21.3% Taurolock™ vs 12.3% placebo, p=0.21) nor did the number of serious adverse events (58.7% Taurolock™ vs 63.0% placebo, p=0.71). However, pain upon injection was higher for patients in the Taurolock™ group at each visit (p<0.001). No difference was observed in bacterial analysis between groups: 31.4% of infections in the Taurolock™ group were Gram+, compared to 43.4% in the placebo group (p=0.34). Thus, administration of Taurolock™ every six months does not reduce the incidence of peritonitis or secondary events of peritoneal dialysis, but it does cause transient pain. The nature of the biofilm in peritonitis may have been misunderstood and further studies are required to better determine its role and how to reduce infections.

Biography

Bernard R Branger has completed his MD at the age of 30 years from Montpellier -Nimes School of Medicine, University, Montpellier, France. He was chief of Nephrology department of Nimes University hospital and still president of AIDER regional association of dialysis. He has published more than 20 papers in reputed journals.

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