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Calitatea evidentei aflata la baza recomandarii

I: Studii controlate randomizate
II-A: Studii controlate fara randomizare
II-B: Studii de cohorta sau studii analitice case-control
II-C: experimente necontrolate, raportari multiple
III: Opinii ale unor autoritati recunoscute, epidemiologie descriptiva

Peritonita bacteriana spontana

Ghid de diagnostic de tratament

1. Definitie

Peritonita bacteriana spontana (PBS) se defineste ca aparitia unei infectii a lichidului de ascita in absenta unei perforatii viscerale sau a unei alte surse de infectie intraabdominala (abces, pancreatita acuta, colecistita etc.).

2. Introducere

Pacienti cu risc inalt de PBS:

- ***nivel al albuminei in lichidul de ascita < 1g/dl (evidenta I)***
- ***hemoragie digestiva superioara (evidenta I)***
- ***encefalopatie hepatica (evidenta IIA)***
- ***insuficienta hepatica severa (evidenta IIA)***

3. Diagnosticul peritonitei bacteriene spontane

3.1 Manifestarile clinice

Manifestarile clinice ale PBS sunt polimorfe si nu se pot formula recomandari cu nivel semnificativ de evidenta privind criteriile de diagnostic clinic al PBS.

3.2 Indicatiile paracentezei exploratorii:

Paracenteza exploratorie este necesara la toti pacientii cu suspiciune clinica de PBS **(I)**.

Paracenteza exploratorie este recomandata la pacientii cu encefalopatie hepatica, afectare renala, leucocitoza, chiar in prezenta unui alt factor precipitant **(IIB)**.

Paracenteza se asociaza cu un risc scazut de complicatii: hematom de perete abdominal (1%), hemoperitoneu (0,1%) si infectii iatrogene (0,1%) **(IIA)**.

3.3 Examenul lichidului de ascita

3.3.1 Numarul de PMN in lichidul de ascita

Utilizarea bandeletelor impregnate cu leucocitesteraza reprezinta o metoda rapida si sigura de screening al PBS **(IIB)**.

Daca este ascita hemoragica se va face corectia numarului de leucocite. Astfel, daca numarul de hematii depaseste 10.000/mmc se scade 1 PMN pentru fiecare 250 de hematii **(I)**.

3.3.2 Examenul bacteriologic in PBS

Frotiul din sedimentul lichidului de ascita nu este metoda de diagnostic al PBS **(I)**.

Cultura lichidului de ascita se face pe flacon de hemocultura imediat dupa paracenteza („la patul pacientului") **(IIB).** Daca PMN > 250/mmc si culturile sunt negative (ascita neutrocitica cu culturi

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negative) trebuie excluse: pancreatita, peritonita secundara, tuberculoza, carcinomatoza peritoneala **(IIA)**.

Daca PMN < 250/mmc, cultura este monomicrobiana (bacterascita nonneutrocitica) si sunt prezente semne clinice de PBS pacientul trebuie tratat ca PBS **(IIA)**.

4. Diagnosticul diferential cu peritonita secundara

4.1 Peritonita bacteriana secundara

Nivelul scazut al glucozei, nivelul crescut al proteinelor, LDH, fosfatazei alcaline, antigenului carcinoembrionar sunt sugestive pentru peritonita bacteriana secundara **(IIA)**.

Diagnosticul de peritonita secundara trebuie confirmat prin investigatii imagistice (ecografie, radiografie abdominala simpla, CT abdominal) **(IIA).**

5. Tratamentul peritonitei bacteriene spontane

5.1 Tratamentul antibiotic al peritonitei bacteriene spontane

Pacientii cu numar de PMN > 250/mmc trebuie sa primeasca tratament antibiotic empiric

- cefalosporina de generatia IIIa (cefotaxim 2g la 8 ore, ceftriaxon 2g la 24 ore **(I)**
- amoxicilina/acid clavulanic este o alternativa terapeutica **(I)**

Pacientii cu PMN < 250/mmc si semne de infectie (febra, durere abdominala) vor primi tratament antibiotic empiric pana la rezultatul culturilor **(IIC)**.

Tratamentul cu Ofloxacin (400 mg la 12 ore) poate fi eficient la pacienti cu toleranta digestiva pastrata, cu encefalopatie hepatica < grad II si creatinina serica < 3 mg/dl **(I)**.

5.2 Alte terapii in peritonita bacteriana spontana

Pacientii cu suspiciune clinica de PBS si PMN > 250/mmc vor primi tratament cu albumina 1,5 g/kgc in primele 6 ore de la diagnostic si 1 g/kgc in a treia zi **(I)**.

5.3 Durata tratamentului

Antibioticele se mentin pana la disparitia semnelor de infectie, cel putin 5 zile **(I)**.

5.4 Evaluarea raspunsului terapeutic

Cel putin o paracenteza de control trebuie efectuata la 48 de ore de la initierea tratamentului. Daca numarul de PMN creste, nu se modifica sau scade cu < 25% se ridica suspiciunea de peritonita secundara si se modifica tratamentul in consecinta **(I)**.

5.5 Tratamentul profilactic al peritonitei bacteriene spontane

La pacientii cu HDS se face profilaxia PBS prin administrarea pe termen scurt (7 zile) de norfloxacin 400 mg x2/zi sau o chinolona cu administrare parenterala daca sangerarea este activa **(I)**.

Dupa primul episod de PBS se face profilaxia pe termen lung cu administrare zilnica de norfloxacin 400 mg/zi sau trimetoprim/sulfametoxazol **(I)**.

PBS este indicatie de transplant dupa rezolvarea episodului infectios **(IIA).**

Profilaxia PBS se face si la pacientii cu proteine totale in lichidul de ascita < 1g/l sau bilirubina serica > 2,5 mg/dl **(I)**. Nu exista un consens privind durata profilaxiei la aceste categorii de pacienti.

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