

## Re: Why a New Journal?

IJKD 2007;1:105  
www.ijkd.org

Sir,

Congratulations to you and your colleagues on launching the *Iranian Journal of Kidney Diseases*. I am sure that this journal will bring the Iranian nephrological community together and will help the new generation of Iranian nephrologists. Hopefully, through this journal, you will be able to show the International nephrological community your achievements and contributions in our field.

The Web page [www.ijkd.org] was very user friendly. I perused the contents of the first issue and I was impressed with the variety of issues addressed. I was impressed with the findings of the paper by Pour-Reza-Gholi and associates on the use of doxepin for the treatment of uremic pruritus in patients on hemodialysis,<sup>1</sup> and definitely, I will try it in my patients on peritoneal dialysis. Pruritus is a very annoying problem in patients on maintenance dialysis.

*Staphylococcus aureus* colonization in patients who receive dialysis is a cause of serious morbidity and mortality in both peritoneal dialysis and hemodialysis patients, as emphasized by Ghazvini and colleagues.<sup>2</sup> In our hemodialysis unit, following a randomized prospective controlled trial that showed lower morbidity and mortality in those using polysporin ointment at the exit site, we introduced it as a routine procedure in all patients using a line as an access. In our patients on hemodialysis, we are using mupirocin at the exit

site and we have found a substantial decrease in the frequency of *S aureus* infections.

I agree with the conclusions of the paper by Hooman and colleagues on fungal peritonitis.<sup>3</sup> Unfortunately, the only available treatment is catheter removal immediately after the fungus has been identified. Prevention of fungal peritonitis remains our main hope. Though the results are controversial, use of nystatin by mouth, whenever these patients are exposed to antibiotics for any reason, seems to be a safe policy.

Again congratulations on your efforts and best wishes for your success.

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### REFERENCES

1. Pour-Reza-Gholi F, Nasrollahi AR, Firouzan A, Nasli Esfahani E, Farrokhi F. Low-Dose doxepin for treatment of pruritus in patients on hemodialysis. *IJKD*. 2007;1:34-7.
2. Ghazvini K, Hekmat R. Nasal and skin colonization of *Staphylococcus aureus* in hemodialysis patients in northeast of Iran. *IJKD*. 2007;1:21-4.
3. Hooman N, Madani A, Sharifian Dorcheh M, et al. Fungal peritonitis in Iranian children on continuous ambulatory peritoneal dialysis: a national experience. *IJKD*. 2007;1:29-33.

## Re: Fungal Peritonitis in Iranian Children on Continuous Ambulatory Peritoneal Dialysis: A National Experience Prompt Removal of Catheter in Fungal Peritonitis

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www.ijkd.org

Sir,

Fungal peritonitis is a rare but serious complication of peritoneal dialysis (PD) and is associated with significant mortality. Observational

studies suggest that it accounts for approximately 2% to 7% of PD-related peritonitis, but it can be difficult to clear, result in catheter loss, and frequently lead to conversion to hemodialysis (HD).<sup>1,2</sup>