



Correction to: Peritoneal dialysis-related peritonitis caused by *Gordonia bronchialis*: first pediatric report

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The final version of this article unfortunately contained a mistake. During typesetting process, the magnitude of the WBC reported in the abstract was erroneously rendered as WBC $2,340 \times 10 / L$ (59% neutrophils) and Gram-positive bacilli. The correct magnitude, however, is WBC $2,340 \times 10^6 / L$ (59% neutrophils) and Gram-positive bacilli. The publisher apologizes for this mistake. The original article has been corrected. The correct Abstract is presented below.

Abstract

Introduction

Gordonia species, aerobic, weakly acid-fast, Gram-positive bacilli, are a rare cause of peritonitis in patients undergoing peritoneal dialysis (PD). We report the first pediatric case of PD-related peritonitis caused by *Gordonia bronchialis*.

The original article can be found online at <https://doi.org/10.1007/s00467-021-05313-3>.

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Case presentation

A 13-year-old girl with chronic kidney disease (CKD) stage 5D, on continuous cycling PD (CCPD) for 8 years, presented with cloudy PD effluent, with no abdominal discomfort or fever. Intra-peritoneal (IP) loading doses of vancomycin and ceftazidime were started at home after obtaining a PD effluent sample, which showed WBC $2,340 \times 10^6 / L$ (59% neutrophils) and Gram-positive bacilli. On admission, she was clinically well and afebrile, with no history of methicillin-resistant *Staphylococcus aureus* (MRSA) infection, so vancomycin was discontinued, and IP ceftazidime and cefazolin were started, following a loading dose of intravenous cefazolin. *Gordonia* species grew after 5 days of incubation and later identified as *Gordonia bronchialis*. IP vancomycin was restarted as monotherapy, empirically for a total of 3 weeks therapy. A 2-week course of oral ciprofloxacin was added, based on susceptibility testing. PD catheter replacement was advised due to the risk of recurrence but was refused. A relapse occurred 16 days after discontinuing antibiotics, successfully treated with a 2-week course of IP ceftazidime and vancomycin. The PD catheter was removed and hemodialysis initiated. She received a further 2-week course of oral ciprofloxacin and amoxicillin-clavulanate post PD catheter removal.

Conclusions

Gordonia bronchialis is an emerging pathogen in PD peritonitis and appears to be associated with a high risk of relapse. PD catheter replacement is strongly suggested.

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