Conclusions: In stable CAPD patients, fluid overload may contribute to uncontrolled hypertension. The clinical assessment of dry weight is often inaccurate. BIA may assist with a more objective assessment of dry weight in this patient population. 
No conflict of interest

POS-642
MINERAL BONE DISEASE IN PATIENT CHRONIC KIDNEY DISEASE WITH CONTINUOUS AMBULATORY PERITONEAL DIALYSIS: A CASE REPORT
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Introduction: Chronic Kidney Disease related Mineral Bone Disease (CKD-MBD) occurs in all patients with CKD and leads to a variety of clinical manifestations, including bone pain and fractures characterized by abnormalities in the metabolism of calcium, phosphorus, parathyroid hormone (PTH), or vitamin D, abnormalities in bone turnover, mineralization, volume, growth, or strength. We report one case, a 41-year-old man with CKD G5D on CAPD (Continuous Ambulatory Peritoneal Dialysis) during the last 4 years, fracture of the vertebral body and void changes in body shape. We suspect this patient is suffering from complications of CKD-MBD, based on complaints, physical examination and other supporting examinations.
Methods: A 41-year-old man complained of chronic back pain and chest, and also back deformities. The patient also complained of a gradual decrease in his height in the last 5 years. The patient was diagnosed with CKD stage 5 since 7 years ago and underwent CAPD since 3 years ago. There were history of fracture of the humeral bone. Currently, patients rarely consume calcium and cholecalciferol and calcitriol supplements. On physical examination, there was pigeon chest, kyphoscoliosis of the thoracic vertebrae without a history of previous trauma. Laboratory tests showed a significant increase in PTH levels (4081 pg/ml, 62 times of normal values), increased serum inorganic phosphorus (4.9 mg/dl, normal: 2.7-4.5 mg/dl), and normal serum calcium (9.5 mg/dl). On thoracolumbar X-ray examination, there were many compression fractures of his vertebral body and decreased bone mineralization. From physical examination and support, our patient was diagnosed with CKD-G5D complications with CKD-MBD. In addition to the low phosphate diet, the patient also started giving phosphate binders, lanthanum carbonate, non-calcium phosphate binders. In addition, calcium and cholecalciferol supplementation therapy and calcitriol. Results: The patient is currently undergoing CAPD therapy and complaint of multiple fractures of the vertebral. The pathomechanism that underlies the fracture in CKD-MBD patients is hyperparathyroidism which stimulates the release of PTH resulting in Secondary Hyperparathyroidism (SHPT) which is induced by hypocalcemia, decreased calcitriol formation by the kidneys and decreased function, decreased FGF-23 production and increased PTH gene expression. In this patient, there was an increase in phosphate levels and an increase in PTH levels up to 62 times the normal value, but the serum calcium levels were normal because the patient had routinely taken calcium supplements, cholecalciferol and calcitriol. The patient had received supplements of calcium, cholecalciferol and calcitriol, but PTH increases. Refractory SHPT can be caused by inadequate therapy, persistent hyperparathyroidism, calcitriol deficiency or hypocalcemia resulting in hyperparathyroidism of the parathyroid glands. Based on KDOI 2017 recommendations for severe hyperparathyroidism that is very high (> 800 pg/ml) and does not respond to therapy, the next option is surgery for parathyroidectomy. However, because the patient did not agree to this procedure, pharmacotherapy was our main choice, accompanied by adequate hemodialysis in this patient. Conclusions: In this case report we have reported a 41 year old male with CKD-MBD and PKG-G5 on CAPD. Inadequate and delayed therapy in this patient caused complications of CKD-MBD. 
No conflict of interest

POS-643
PERITONEAL DIALYSIS RELATED PERITONITIS: A SINGLE CENTRE EXPERIENCE IN BORNEO, MALAYSIA
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Introduction: Peritoneal dialysis (PD) - related peritonitis is a common complication and a major cause of conversion to haemodialysis (HD). We aimed to determine the demographic characteristics of our patients, and to evaluate the microbiology and clinical outcomes among PD patients with peritonitis
Methods: A retrospective observational cohort study enrolling all patients who had been treated with continuous ambulatory PD (CAPD) or automated PD (APD) for at least 90 days and developed peritonitis at Hospital Queen Elizabeth, Sabah, Malaysia from January 2014 until June 2020. Relevant demographic, biochemical and clinical data were collected.
Results: A total of 369 episodes of peritonitis were recorded in 194 patients. The median age of patients were 46.41±16.2 years (range from 8 to 84 years); 85 (43.8%) were male. 71 (36.6%) had diabetes as the primary disease. The overall peritonitis rate was 0.384 episodes per patient-year. Gram-positive organism was the predominant organism from the cultures, 156 episodes (42.28%), followed by gram-negative organism (88 episodes, 23.85%), fungal (19 episodes, 5.15%), mycobacterium (4 episodes, 1.08%), polymicrobial (5 episodes, 1.36%), and culture negative (97 episodes, 26.29%). Coagulase negative Staphylococcus (CONS) was the most common organism among the gram-positive peritonitis while Escherichia coli was the most common organism in gram-negative and peritonitis. The PD catheter were removed in 109 episodes (29.54%). Mycobacterium and fungal had higher risk of catheter loss (100% and 89.5% respectively). The catheter loss rate was significantly higher in gram-negative peritonitis, as compared to gram-positive (38.6% VS 15.4%, p<0.001). Seven patients died due to PD peritonitis (2 from gram-positive, 3 gram-negative, 1 culture negative and 1 polymicrobial).
Conclusions: The high rates of culture negative PD peritonitis needs further evaluation and improvement on identification of the organisms. Retraining, exit site care, improved microbiology sensitivity, appropriate antimicrobial treatment and response and early removal of the catheter are warranted to further improve the PD-related peritonitis technique failure and mortality.
No conflict of interest

POS-644
EFFECT OF INTERMITTENT AMBULATORY PERITONEAL DIALYSIS IN ELDER POPULATION ON BIOCHEMICAL PARAMETERS OF PROTEIN ENERGY WASTING, FUNCTIONALITY AND QUALITY OF LIFE
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Introduction: Elder population is increasing around the world. In nephrology more than 55% of patients initiating dialysis are over 65 years of age. When the decision to initiate dialysis is faced, age, comorbidities, protein energy wasting (PEW), functional status (FS), expected life and quality of life (QoL) need to be considered. PEW is a syndrome due to nutritional and metabolic disturbances resulting in loss of muscle and fat; FS measured by the ability to perform daily living activities, both have high prevalence that increase with dialysis vintage and has implications in morbidity and mortality. QoL has a priority when we assessed the expectations with respect to dialysis. Continuous Ambulatory Peritoneal Dialysis (CAPD) has disadvantages that cause PEW, loss of functionality and QoL decline; to adjust the treatment to Intermittent Ambulatory PD (IAPD) has the intention to decrease disadvantages while maintaining the benefits, what will be added to the strategies of treatment of PEW, FS and QoL. The aim of this study is to describe the elder population in IAPD and to evaluate the effect on biochemical parameters of PEW, functionality and QoL.

Kidney International Reports (2021) 6, S1–S362
S281