Systematic review on treatment and outcomes of tuberculous peritonitis in patients on peritoneal dialysis

Short title: Treatment & outcomes of peritonitis due to *M. tuberculosis* in patients on PD

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Supplementary File 1: PRISMA Checklist

Reporting checklist for systematic review (with or without a meta-analysis).
Based on the PRISMA guidelines.

		Reporting Item	Page Number
Title			
Title	#1	Identify the report as a systematic review	1
Abstract			
Abstract	#2	Report an abstract addressing each item in the PRISMA 2020 for Abstracts checklist	3
Introduction			
Background/rationale	#3	Describe the rationale for the review in the context of existing knowledge	5
Objectives	#4	Provide an explicit statement of the objective(s) or question(s) the review addresses	5
Methods			
Eligibility criteria	#5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses	6
Information sources	#6	Specify all databases, registers, websites, organisations, reference lists, and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted	6
Search strategy	#7	Present the full search strategies for all databases, registers, and websites, including any filters and limits used	Supplementary material 1 pg 3
Selection process	#8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and, if applicable, details of automation tools used in the process	7
Data collection process	#9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and, if	7

		applicable, details of automation tools used in the process	
Data items	#10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (for example, for all measures, time points, analyses), and, if not, the methods used to decide which results to collect	6
Study risk of bias assessment	#11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and, if applicable, details of automation tools used in the process	N/A
Effect measures	#12	Specify for each outcome the effect measure(s) (such as risk ratio, mean difference) used in the synthesis or presentation of results	N/A
Synthesis methods	#13a	Describe the processes used to decide which studies were eligible for each synthesis (such as tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5))	N/A
Synthesis methods	#13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics or data conversions	N/A
Synthesis methods	#13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses	N/A
Synthesis methods	#13d	Describe any methods used to synthesise results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used	N/A
Synthesis methods	#13e	Describe any methods used to explore possible causes of heterogeneity among study results (such as subgroup analysis, meta-regression)	N/A
Synthesis methods	#13f	Describe any sensitivity analyses conducted to assess robustness of the synthesised results	N/A
Reporting bias assessment	#14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases)	N/A

Certainty assessment	#15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome	N/A
Data items	#10b	List and define all other variables for which data were sought (such as participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information	18
Results			
Study selection	#16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram (http://www.prisma-statement.org/PRISMAStatement/FlowDiagram)	25
Study selection	#16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded	25
Study characteristics	#17	Cite each included study and present its characteristics	Supplementary Material 2
Risk of bias in studies	#18	Present assessments of risk of bias for each included study	N/A
Results of individual studies	#19	For all outcomes, present for each study (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (such as confidence/credible interval), ideally using structured tables or plots	N/A
Results of syntheses	#20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies	N/A
Results of syntheses	#20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (such as confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect	N/A
Results of syntheses	#20c	Present results of all investigations of possible causes of heterogeneity among study results	N/A
Results of syntheses	#20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesised results	N/A

Risk of reporting biases in syntheses	#21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed	N/A
Certainty of evidence	#22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed	N/A
Discussion			
Results in context	#23a	Provide a general interpretation of the results in the context of other evidence	13-16
Limitations of included studies	#23b	Discuss any limitations of the evidence included in the review	16-17
Limitations of the review methods	#23c	Discuss any limitations of the review processes used	16-17
Implications	#23d	Discuss implications of the results for practice, policy, and future research	17
Other information			
Registration and protocol	#24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered	6
Registration and protocol	#24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared	6
Registration and protocol	#24c	Describe and explain any amendments to information provided at registration or in the protocol	N/A
Support	#25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review	27
Competing interests	#26	Declare any competing interests of review authors	27
Availability of data, code, and other materials	#27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review	N/A

Notes:

- 7: Supplementary material 1 pg 3
- 17: Supplementary Material 2 The PRISMA checklist is distributed under the terms of the Creative Commons Attribution License CC-BY. This checklist was completed on 04. August 2023 using https://www.goodreports.org/, a tool made by the EQUATOR Network in collaboration with Penelope.ai

Supplementary File 2: Search strategy

Medline (1946 to 28 July 2022)

1	mycobacterium tuberculosis.tw.
2	tuberculous.tw.
3	peritonitis.tw
4	peritoneal dialysis.tw.
5	1 or 2
6	3 and 4
7	5 and 6

Scopus

{peritonitis} AND “mycobacterium tubercul*” OR “tubercul*” AND {peritoneal dialysis}

Embase (1947 to July 2022)

{peritonitis} AND {peritoineal dialysis} AND “mycobacterium tubercul*” AND “tuberculo*”)

Cochrane (01/01/1948 to 28/07/2022)

“Mycobacterium tubercul*” OR “tuberculous” AND “peritonitis” AND “peritoneal dialysis”

ClinicalTrials.gov

“tuberculous, peritoneal”

Google scholar (1947 to July 2022)

“Peritonitis” AND “peritoneal dialysis” AND “mycobacterium tuberculosis” AND “tuberculous”

Supplementary Table S1: Patient characteristics with tuberculous peritonitis in patients on PD- *Case studies*

Patient no.	Author/year of publication	Country of publication	Age/Gender	PD modality	Primary kidney disease	Time (in months) from PD start date to tuberculous peritonitis	Additional risk factors for tuberculous peritonitis	Name of initial antibiotic regimen [a]	Name of antituberculosis regimen [a]	Duration (in months) of antituberculosis treatment	Was PD catheter removed [c] ? (Yes/No)	Short-term outcome
1	Khanna *et al.*[S1]/1980	Canada	47/M	CAPD	Unknown etiology	Not reported	Steroids from kidney transplant, lost 25kg in the previous 2 months (malnourishment), active miliary TB (from biopsy)	Cloxacillin + tobramycin	Rifampicin 600mg/day + isoniazid 300mg/day + ethambutol 900mg on alternate days, with an additional 300mg at the end of HD	N/A [b]	Yes	Died
2	Khanna *et al.*[S1]/1980	Canada	33/M	CAPD	Mesangial proliferative glomerulonephritis	12	Racial origin from TB endemic region (Pakistan)	Cephalothin sodium + tobramycin	Rifampicin 600mg/day + isoniazid 300mg/day + ethambutol 400mg/day + a course of IM streptomycin 1g initially and 0.5g after each dialysis for 1 week	Not reported	Yes	Alive; transferred to HD
3	MacCormick[S2]/1980	New Zealand	42/M	CAPD	Not reported	12	Steroids from kidney transplant, active pulmonary TB on CXR	Ampicillin + cloxacillin + gentamicin	Isoniazid + rifampicin + ethambutol	Not reported	Yes	Alive
4	Morford[S3]/1981	USA	56/M	CAPD	Hypertensive nephrosclerosis	5	Pulmonary TB from autopsy	Cefazolin	Isoniazid + rifampicin	N/A [b]	Yes	Died
5	Morford[S3]/1981	USA	55/F	APD	Hypertensive nephrosclerosis	1	Positive PPD test 4 months prior [d]	IM cefazolin 1g with 120mg in each 2L PD bag + vancomycin + gentamicin	Isoniazid + rifampicin	Not reported	Yes	Alive; transferred to HD
6	Holley *et al.*[S4]/1982	USA	48/M	APD	Interstitial nephritis	9	Positive PPD test 20 years ago [d]	Clindamycin + tobramycin	Isoniazid + ethambutol + streptomycin	N/A [b]	Yes	Died
7	Holley *et al.*[S4]/1982	USA	54/M	Not reported	Proliferative glomerulonephritis	16	Positive PPD test 1 year ago [d]	IP cephapirin + PO cephalexin	N/A; died before *M. tuberculosis* was identified	N/A [b]	Yes	Died

Patient no.	Author/year of publication	Country of publication	Age/Gender	PD modality	Primary kidney disease	Time (in months) from PD start date to tuberculous peritonitis	Additional risk factors for tuberculous peritonitis	Name of initial antibiotic regimen [a]	Name of antituberculosis regimen [a]	Duration (in months) of antituberculosis treatment	Was PD catheter removed [c]? (Yes/No)	Short-term outcome
8	Holley *et al.*[S4]/1982	USA	55/M	Not reported	Diabetic nephropathy	24	Previous pulmonary TB on CXR 2 years ago; positive PPD test 1 year ago [d]; diabetes mellitus	Cephapirin	Isoniazid 300mg/day + rifampicin 600mg/day	N/A [b]	No	Died
9	Kluge[S5]/1983	USA	54/F	CAPD	Polycystic kidney disease	13	Possible pulmonary TB (CXR infiltrates)	Not reported	Parenteral: Isoniazid + streptomycin PO: Isoniazid + rifampicin + ethambutol	Not reported	Yes	Alive
10	McKerrow and Neale[S6]/1983	New Zealand	53/F	CAPD	Chronic glomerulonephritis	2	Positive Mantoux test	IP cephradine then vancomycin	Isoniazid + rifampicin + ethambutol	N/A [b]	No	Died
11	McKerrow and Neale[S6]/1983	New Zealand	56/F	CAPD	Reflux nephropathy	1	Positive Mantoux test	None	Isoniazid 300mg + rifampicin 450mg + ethambutol 400mg	Not reported	Yes	Alive; returned to PD 1 month after catheter removal
12	McKerrow and Neale[S6]/1983	New Zealand	43/M	CAPD	Chronic glomerulonephritis	4	Systemic TB diagnosed 5 years ago [d] and failed renal transplant 3 years ago	Antibiotics for prior bacterial peritonitis for *Staphylococcal* peritonitis two weeks ago	Isoniazid 300mg + rifampicin 450mg + ethambutol 500mg	Not reported	Yes	Alive; returned to PD 6 weeks after catheter removal
13	Cuss *et al.*[S7]/1986	UK	55/M	CAPD	Hypertensive nephrosclerosis	3	Racial origin from endemic region (India)	Not reported	Isoniazid + rifampicin, pyrazinamide	N/A [b]	Not reported	Died
14	Ludlam *et al.*[S8]/1986	UK	51/M	CAPD	Diabetic nephropathy	12	Racial origin from endemic region (India); diabetes mellitus	*First regimen:* vancomycin + ceftazidime *Second regimen:* IP amikacin 20mg/L + PO doxycycline 100mg/daily	Isoniazid 300mg/day + rifampicin 600mg/day	N/A [b]	No	Died
15	Vathsala *et al.*[S9]/1987	Singapore	54/F	CAPD	Hypertensive nephrosclerosis	6	Healed inactive pulmonary TB	Not reported	Isoniazid 300mg/day + rifampicin 450mg/day + ethambutol 300mg/day	Not reported	No	Alive
16	Yorioka *et al.*[S10]/1988	Japan	61/F	CAPD	Chronic glomerulonephritis	4	Positive Mantoux test	Cefoperazone + tobramycin	Rifampicin + streptomycin + isoticotinic acid hydrazide	Not reported	Yes	Alive

Patient no.	Author/year of publication	Country of publication	Age/Gender	PD modality	Primary kidney disease	Time (in months) from PD start date to tuberculous peritonitis	Additional risk factors for tuberculous peritonitis	Name of initial antibiotic regimen [a]	Name of antituberculosis regimen [a]	Duration (in months) of antituberculosis treatment	Was PD catheter removed [c]? (Yes/No)	Short-term outcome
17	Cheng *et al.*[S11]/1989	Hong Kong	47/F	APD	Recurrent nephrolithiasis	36	Originate from high TB incidence country (Hong Kong)	PO cephradine + metronidazole + IP aminoglycosides + cephalothin + cefuroxime	Isoniazid + rifampicin + streptomycin	N/A [b]	Yes	Died
18	Cheng *et al.*[S11]/1989	Hong Kong	33/M	CAPD	Bilateral contracted kidney	12	Originate from high TB incidence country (Hong Kong)	IP tobramycin + PO ofloxacin	Isoniazid + rifampicin + pyrazinamide	12	Yes	Alive; transferred to HD
19	Cheng *et al.*[S11]/1989	Hong Kong	24/M	CAPD	Hypertensive nephrosclerosis	60	Originate from high TB incidence country (Hong Kong)	IP gentamicin + cephalothin	Isoniazid + rifampicin + pyrazinamide	Not reported	Yes	Alive; transferred to HD
20	Cheng *et al.*[S11]/1989	Hong Kong	61/F	CAPD	Bilateral contracted kidney	5	Originate from high TB incidence country (Hong Kong); positive Mantoux test	Not reported	Isoniazid + rifampicin + pyrazinamide	Not reported	No	Alive; remained on PD
21	Cheng *et al.*[S11]/1989	Hong Kong	42/F	APD	Unknown etiology	12	Positive Mantoux test	Not reported	Isoniazid + rifampicin + pyrazinamide	14	No	Alive; remained on PD
22	Baumgartner *et al.*[S12]/1989	USA	47/M	CAPD	Heroin abuse	48	HIV & on pyrimethamine, sulfadiazine and dexamethasone for presumed cerebral toxoplasmosis	IP tobramycin + IP vancomycin	Isoniazid + rifampicin	Not reported	No	Died
23	Mallat and Brensilver[S13] /1989	USA	54/M	CAPD	Not reported	3	Unknown	IP tobramycin + IP vancomycin	Isoniazid + rifampicin	12	No	Alive
24	Lye *et al.*[S14]/1990	Singapore	57/F	CAPD	Chronic glomerulonephritis	8	Not reported	IP vancomycin + IP gentamicin	Isoniazid + rifampicin + pyrazinamide	Not reported	Yes	Not reported
25	Ahijado *et al.*[S15]/1991	Spain	34/M	CAPD	Diabetic nephropathy	42	Diabetes mellitus	Not reported	Isoniazid + rifampicin + ethambutol	Not reported	Yes	Alive; returned to PD
26	Ahijado *et al.*[S15]/1991	Spain	52/M	CAPD	Chronic glomerulonephritis	13	Unknown	Not reported	N/A; Died	N/A [b]	Yes	Died
27	Ahijado *et al.*[S15]/1991	Spain	55/M	CAPD	Diabetic nephropathy	7	Diabetes mellitus; presence of *M. tuberculosis spp.* in the urine sample	Not reported	Isoniazid + rifampicin + ethambutol	Not reported	Yes	Alive; transferred to HD

Patient no.	Author/year of publication	Country of publication	Age/Gender	PD modality	Primary kidney disease	Time (in months) from PD start date to tuberculous peritonitis	Additional risk factors for tuberculous peritonitis	Name of initial antibiotic regimen [a]	Name of antituberculosis regimen [a]	Duration (in months) of antituberculosis treatment	Was PD catheter removed [c]? (Yes/No)	Short-term outcome
28	Ahijado *et al*.[S15]/1991	Spain	63/F	CAPD	Diabetic nephropathy	38	Diabetes mellitus	Not reported	Isoniazid + rifampicin	Not reported	Yes	Alive; returned to PD
29	Tan *et al*.[S16]/1991	USA	37/M	CAPD	Hypertensive nephrosclerosis	4	HIV	Not reported	Isoniazid + rifampicin + pyrazinamide	Not reported	No	Alive; remained on PD
30	Tan *et al*.[S16]/1991	USA	58/F	Not reported	Diabetic nephropathy	10	Pulmonary TB on CT	Vancomycin + gentamicin	Isoniazid + rifampicin	N/A [b]	No	Died
31	Tan *et al*.[S16]/1991	USA	77/M	CAPD	Hypertensive nephrosclerosis	2	Positive Mantoux test	Not reported	Isoniazid + rifampicin	Not reported	No	Alive
32	Kwan *et al*.[S17]/1991	UK	M	CAPD	Chronic glomerulonephritis	11	Racial origin from endemic region (Pakistan/India); cerebral and miliary TB	Not reported	Isoniazid 100-200mg/day + rifampicin + pyrazinamide	12	Yes	Alive; transferred to HD
33	Kwan *et al*.[S17]/1991	UK	F	CAPD	Hypertensive nephrosclerosis	4	Previous pulmonary TB; Racial origin from endemic region (Pakistan/India)	Not reported	Isoniazid 100-200mg/day + rifampicin + pyrazinamide	10	Yes	Alive; remained on PD
34	Kwan *et al*.[S17]/1991	UK	F	CAPD	Radiation nephritis	15	Racial origin from endemic region (Pakistan/India)	Not reported	No treatment	N/A [b]	N/A	Died
35	Kwan *et al*.[S17]/1991	UK	F	CAPD	Chronic glomerulonephritis	12	Racial origin from endemic region (Pakistan/India)	Not reported	No treatment	N/A [b]	N/A	Died
36	Ong *et al*.[S18]/1992	UK	63/M	CAPD	Unknown etiology	Not reported	Racial origin from endemic region (India)	Not reported	Isoniazid + rifampicin + ethambutol + pyrazinamide	12	Yes	Alive
37	Ong *et al*.[S18]/1992	UK	57/F	CAPD	Unknown etiology	60	Racial origin from endemic region (India)	Not reported	Isoniazid + rifampicin + ethambutol + pyrazinamide	12	Yes	Alive; transferred to HD
38	Ong *et al*.[S18]/1992	UK	70/M	CAPD	Polycystic kidney disease	132	Racial origin from endemic region (India)	Vancomycin + netilmicin + fluconazole	Isoniazid + rifampicin + ethambutol + pyrazinamide	N/A [b]	Yes	Died
39	Perez Fontan *et al*.[S19]/1992	Spain	60/M	CAPD	Nephroangiosclerosis	15	Unknown	IP ciprofloxacin 50mg/L	No treatment	N/A [b]	No	Died
40	Perez Fontan *et al*.[S19]/1992	Spain	66/M	CAPD	Diabetic nephropathy	9	Diabetes mellitus	IV vancomycin + IP ciprofloxacin 50mg/L	Isoniazid + rifampicin + ethambutol	N/A [b]	No	Died
41	Cebrian *et al*.[S20]/1992	Spain	50/M	CAPD	Nephroangiosclerosis	18	Unknown	IM ceftazidime 1g/day + IM amikacin 500mg every 2 days	Isoniazid + rifampicin + ethambutol	N/A [b]	Yes	Died

Patient no.	Author/year of publication	Country of publication	Age/Gender	PD modality	Primary kidney disease	Time (in months) from PD start date to tuberculous peritonitis	Additional risk factors for tuberculous peritonitis	Name of initial antibiotic regimen [a]	Name of antituberculosis regimen [a]	Duration (in months) of antituberculosis treatment	Was PD catheter removed [c]? (Yes/No)	Short-term outcome
42	Mousson *et al*.[S21]/1993	France	69/F	CAPD	Hypertensive nephrosclerosis	2	Unknown	Not reported	Isoniazid 300mg/day + rifampicin 600mg/day + ethambutol 250mg/day	Not reported	No	Alive
43	Tsai *et al*.[S22]/1994	Taiwan	13/F	CAPD	Reflux nephropathy & neurogenic bladder	12	Close contact with family member with active pulmonary TB	IP vancomycin + netilmicin	IP streptomycin 1g once dose + isoniazid 300mg/day + rifampicin 450mg/day + ethambutol 400mg/day	Not reported	No	Alive
44	Aguirre *et al*.[S23]/1994	Spain	71/M	CAPD	Unknown etiology	12	Retroperitoneal osteomuscular tuberculous abscess at the lumbosacral level	Vancomycin + amikacin	Isoniazid + rifampicin + pyrazinamide	Not reported	No	Alive
45	Ha *et al*.[S24]/1995	Korea	60/F	CAPD	Diabetic nephropathy	12	Diabetes mellitus; malnourishment; tuberculous pseudocyst; originate from high TB incidence country (Korea)	Cefazolin 250mg + tobramycin 20mg in each bag	Isoniazid + rifampicin + ethambutol	12	Yes, PD catheter removed and replaced	Alive
46	Herrera *et al*.[S25]/1996	Spain	75/F	CAPD	Tubulointerstitial nephropathy	Not reported	Unknown	Tobramycin + vancomycin	Isoniazid 300mg/day + rifampicin 600mg/day + ethambutol 1200mg every 48 days	Not reported	Yes	Alive
47	Huang *et al*.[S26]/1996	Taiwan	62/F	APD	Diabetic nephropathy	48	Diabetes mellitus	Cefazolin + tobramycin	Isoniazid + rifampicin + ethambutol + pyrazinamide	N/A [b]	Yes	Died
48	Lui *et al*.[S27]/1996	Hong Kong	60/F	CAPD	Not reported	5	Originate from high TB incidence country (Hong Kong)	IP cefuroxime + tobramycin; or IP vancomycin + amikacin	Isoniazid + rifampicin + pyrazinamide	9-12	No	Alive; remained on PD
49	Lui *et al*.[S27]/1996	Hong Kong	24/F	CAPD	Not reported	4	Originate from high TB incidence country (Hong Kong)	IP cefuroxime + tobramycin; or IP vancomycin + amikacin	Isoniazid + rifampicin + pyrazinamide	9-12	No	Alive; remained on PD
50	Lui *et al*.[S27]/1996	Hong Kong	61/M	CAPD	Not reported	57	Originate from high TB incidence country (Hong Kong); diabetes mellitus	IP cefuroxime + tobramycin; or IP vancomycin + amikacin	Isoniazid + rifampicin + pyrazinamide	9-12	N/A	Died

Patient no.	Author/year of publication	Country of publication	Age/Gender	PD modality	Primary kidney disease	Time (in months) from PD start date to tuberculous peritonitis	Additional risk factors for tuberculous peritonitis	Name of initial antibiotic regimen [a]	Name of antituberculosis regimen [a]	Duration (in months) of antituberculosis treatment	Was PD catheter removed [c]? (Yes/No)	Short-term outcome
51	Lui *et al*.[S27]/1996	Hong Kong	60/F	CAPD	Not reported	2	Originate from high TB incidence country (Hong Kong), malnourishment	IP cefuroxime + tobramycin; or IP vancomycin + amikacin	Isoniazid + rifampicin + pyrazinamide	9-12	N/A	Died
52	Lui *et al*.[S27]/1996	Hong Kong	35/F	CAPD	Not reported	2	Originate from high TB incidence country (Hong Kong)	IP cefuroxime + tobramycin; or IP vancomycin + amikacin	Isoniazid + rifampicin + pyrazinamide	9-12	No	Alive; remained on PD
53	Lui *et al*.[S27]/1996	Hong Kong	58/F	CAPD	Not reported	6	Originate from high TB incidence country (Hong Kong)	IP cefuroxime + tobramycin; or IP vancomycin + amikacin	Isoniazid + rifampicin + pyrazinamide	9-12	Yes, due to ultrafiltration failure after 3 months of antituberculosis therapy	Alive; transferred to HD
54	Lui *et al*.[S27]/1996	Hong Kong	35/F	CAPD	Not reported	60	Originate from high TB incidence country (Hong Kong)	IP cefuroxime + tobramycin; or IP vancomycin + amikacin	Isoniazid + rifampicin + pyrazinamide	9-12	No	Alive; remained on CAPD
55	Lui *et al*.[S27]/1996	Hong Kong	47/M	CAPD	Not reported	7	Originate from high TB incidence country (Hong Kong)	IP cefuroxime + tobramycin; or IP vancomycin + amikacin	Isoniazid + rifampicin + pyrazinamide	9-12	No	Alive; remained on CAPD
56	Lui *et al*.[S27]/1996	Hong Kong	40/M	CAPD	Not reported	31	Originate from high TB incidence country (Hong Kong)	IP cefuroxime + tobramycin; or IP vancomycin + amikacin	Isoniazid + rifampicin + pyrazinamide	9-12	No	Alive; remained on CAPD
57	Lui *et al*.[S27]/1996	Hong Kong	33/M	CAPD	Not reported	7	Originate from high TB incidence country (Hong Kong)	IP cefuroxime + tobramycin; or IP vancomycin + amikacin	Isoniazid + rifampicin + pyrazinamide	9-12	Yes, due to ultrafiltration failure after 3 months of antituberculosis therapy	Alive; transferred to HD
58	Yoshitake *et al*.[S28]/1998	Japan	73/M	CAPD	Hypertensive nephrosclerosis	36	Unknown	Not reported	Isoniazid 300mg/day + streptomycin 500mg every 3 days + rifampicin 450mg/day + ethambutol 500mg/day	N/A [b]	Yes, before *M. tuberculosis* was identified	Died
59	Dogukan *et al*.[S29]/1998	Turkey	45/F	CAPD	Hypertensive nephrosclerosis	7	Unknown	IP vancomycin 2g/week + IP amikacin 120mg/day	Isoniazid + rifampicin + ethambutol + pyrazinamide	Not reported	No	Alive

Patient no.	Author/year of publication	Country of publication	Age/Gender	PD modality	Primary kidney disease	Time (in months) from PD start date to tuberculous peritonitis	Additional risk factors for tuberculous peritonitis	Name of initial antibiotic regimen [a]	Name of antituberculosis regimen [a]	Duration (in months) of antituberculosis treatment	Was PD catheter removed [c]? (Yes/No)	Short-term outcome
60	Prakash[S30]/1999	India	24/M	CAPD	Not reported	3	Racial origin of the endemic region (India), pulmonary TB and receiving antituberculosis regimen, previous use of steroids for kidney transplant prior to the rejection 3 months before initiation on CAPD	IP vancomycin + IP ceftazidime	Isoniazid + rifampicin + ofloxacin + pyrazinamide	Not reported	Yes, after positive acid-fast bacilli	Alive; received kidney transplant after 2 months
61	Prakash[S30]/1999	India	62/M	CAPD	Diabetic nephropathy	3	Racial origin of the endemic region (India), diabetes mellitus	IP vancomycin + IP ceftazidime	Isoniazid + rifampicin + ethambutol + pyrazinamide	N/A [b]	Yes, after positive acid-fast bacilli	Died
62	Talwani *et al*.[S31]/2000	USA	37/M	CAPD	Diabetic nephropathy	6	Unknown	Not reported	Isoniazid + rifampicin + ethambutol + pyrazinamide	9	Yes, after *Candida tropicalis* was identified on Day 35 of admission	Alive; transferred to HD
63	Quantrill *et al*.[S32]/2001	UK	59/F	CAPD	Diabetic nephropathy	12	Racial origin from endemic region (India), diabetes mellitus	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + pyrazinamide 1.5-2g/day	6-12	No	Alive; remained on PD
64	Quantrill *et al*.[S32]/2001	UK	58/M	CAPD	Chronic pyelonephritis	12	Racial origin from endemic region (India)	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + pyrazinamide 1.5-2g/day	6-12	Yes	Died
65	Quantrill *et al*.[S32]/2001	UK	58/F	CAPD	Diabetic nephropathy	16	Racial origin from endemic region (India), diabetes mellitus	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + pyrazinamide 1.5-2g/day	6-12	Yes	Alive

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66	Quantrill *et al.*[S32]/2001	UK	63/F	CAPD	Diabetic nephropathy	12	Racial origin from endemic region (India)	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + Pyrazinamide 1.5-2g/day	6-12	No	Died
67	Quantrill *et al.*[S32]/2001	UK	34/F	CAPD	Post-partum acute cortical necrosis	63	Racial origin from endemic region (India)	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + pyrazinamide 1.5-2g/day	6-12	No	Alive
68	Quantrill *et al.*[S32]/2001	UK	36/M	CAPD	Unknown etiology	6	Racial origin from endemic region (India)	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + pyrazinamide 1.5-2g/day	6-12	No	Alive
69	Quantrill *et al.*[S32]/2001	UK	57/M	CAPD	Chronic pyelonephritis	9	Racial origin from endemic region (oriental); maintenance prednisolone following a failed previous kidney transplant	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + pyrazinamide 1.5-2g/day	6-12	No	Died
70	Quantrill *et al.*[S32]/2001	UK	73/M	CAPD	Renal artery stenosis	9	Occupational exposure to bovine TB as public health inspector of meat carcasses	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + pyrazinamide 1.5-2g/day	6-12	Yes	Alive
71	Gupta and Prakash[S33]/2001	India	65/M	CAPD	Chronic glomerulonephritis	4	Racial origin of the endemic region (India), active pulmonary TB	No	Yes, authors did not specify the regimen	N/A [b]	No	Died

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72	Abraham *et al*.[S34]/2001	India	18/M	CAPD	Epstein syndrome	16	Racial origin of the endemic region (India)	Not reported	Isoniazid + rifampicin + ethambutol + pyrazinamide	6-9	Yes, co-infection with *Candida* peritonitis	Alive; transferred to HD
73	Abraham *et al*.[S34]/2001	India	55/M	CAPD	Diabetic nephropathy	2	Racial origin of the endemic region (India)	Not reported	Isoniazid + rifampicin + ethambutol	6-9	Yes	Died
74	Abraham *et al*.[S34]/2001	India	67/F	CAPD	Chronic glomerulonephritis	14	Racial origin of the endemic region (India)	Not reported	Isoniazid+ rifampicin + streptomycin	6-9	Yes	Died
75	Abraham *et al*.[S34]/2001	India	69/F	CAPD	Diabetic nephropathy	84	Racial origin of the endemic region (India)	Not reported	Isoniazid + rifampicin + ciprofloxacin+ pyrazinamide	6-9	Yes, PD catheter removed and reinserted	Alive; remained on PD
76	Lui *et al*.[S35]/2002	Hong Kong	43/F	CAPD	Lupus nephritis	62	High dose steroid and azathioprine for lupus reactivation, originate from high incidence TB country (Hong Kong)	Not reported	Isoniazid 200mg/day + rifampicin 450mg/day + pyrazinamide 1.5gday + levofloxacin 200mg/day	15	Not reported	Alive
77	Lye *et al*.[S36]/2002	Singapore	18/M	CAPD	Chronic glomerulonephritis	24	Unknown	IP vancomycin + gentamicin	Not reported	Not reported	Yes, before *M. tuberculosis* was identified	Not reported
78	Lye *et al*.[S36]/2002	Singapore	50/M	CAPD	Diabetes mellitus	60	Diabetes mellitus, past history of possible TB	IP vancomycin + gentamicin	Isoniazid + rifampicin + pyrazinamide + ethambutol	Not reported	Yes, before *M. tuberculosis* was identified	Not reported
79	Bouraoui *et al*.[S37]/2002	Tunisia	38/F	CAPD	Chronic glomerular nephropathy	3	Unknown	Cefotaxime + ofloxacin + fluconazole	Isoniazid 250mg/day + rifampicin 500mg/day + pyrazinamide 600mg/day	Not reported	No	Alive; remained on PD
80	Hung *et al*.[S38]/2003	Taiwan	42/F	CAPD	Not reported	Not reported	Past history of TB lymphadenitis	Vancomycin + ceftazidime + metronidazole	Isoniazid + rifampicin + pyrazinamide	13-14	Yes, before *M. tuberculosis* was identified	Alive

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81	Karayaylali *et al.*[S39]/2003	Turkey	42/F	CAPD	Unknown etiology	19	Hypoalbuminaemia (31g/L)	Vancomycin + amikacin + cefepime	Isoniazid + rifampicin + morphazinamide	Not reported	Yes	Alive; transferred to HD
82	Karayaylali *et al.*[S39]/2003	Turkey	20/M	CAPD	Membranous glomerulonephritis	5	Unknown	Vancomycin + amikacin + cefepime + fluconazole	Isoniazid + rifampicin + morphazinamide	Not reported	Yes	Died
83	Karayaylali *et al.*[S39]/2003	Turkey	31/M	CAPD	Hypertensive nephrosclerosis	12	Hypoalbuminaemia (33g/L)	Vancomycin + amikacin + metronidazole	Isoniazid + rifampicin + morphazinamide	Not reported	Yes	Alive; transferred to HD
84	Karayaylali *et al.*[S39]/2003	Turkey	49/M	CAPD	Diabetic nephropathy	29	Diabetes mellitus; hypoalbuminaemia (26g/L)	Vancomycin + gentamicin	Isoniazid + rifampicin + morphazinamide + ethambutol	Not reported	No	Died
85	Karayaylali *et al.*[S39]/2003	Turkey	45/F	CAPD	Hypertensive nephrosclerosis	7	Unknown	Cefazolin + amikacin + vancomycin	Isoniazid + rifampicin + ethambutol + pyrazinamide	Not reported	No	Alive; remained on PD
86	Karayaylali *et al.*[S39]/2003	Turkey	49/M	CAPD	Diabetic nephropathy	9	Diabetes mellitus; hypoalbuminaemia (19g/L)	Cefazolin + amikacin	Isoniazid + rifampicin + morphazinamide + ethambutol	Not reported	Yes	Died
87	Karayaylali *et al.*[S39]/2003	Turkey	36/F	CAPD	Chronic glomerulonephritis	2	Unknown	Vancomycin + amikacin	Isoniazid + rifampicin + morphazinamide + ciprofloxacin	Not reported	No	Alive; remained on PD
88	Karayaylali *et al.*[S39]/2003	Turkey	25/F	CAPD	Membrano-proliferative glomerulonephritis	3	Immunosuppressive therapy; pulmonary liver TB; hypoalbuminaemia (25 g/L)	Not reported	Isoniazid + rifampicin + ethambutol + ciprofloxacin	Not reported	Yes	Died
89	Karayaylali *et al.*[S39]/2003	Turkey	45/M	CAPD	Hypertensive nephrosclerosis	6	Hypoalbuminaemia (27g/L)	Vancomycin + amikacin + other antibiotic	Isoniazid + rifampicin + ethambutol + pyrazinamide	Not reported	Yes	Alive; transferred to HD
90	Karayaylali *et al.*[S39]/2003	Turkey	30/F	CAPD	Chronic glomerulonephritis	40	Unknown	Not reported	Isoniazid + rifampicin + pyrazinamide	Not reported	Yes	Alive; transferred to HD
91	Johnson *et al.*[S40]/2003	Australia	57/F	CAPD	Diabetic nephropathy	4	Diabetes mellitus, hypoalbuminaemia (21g/L)	Vancomycin + ceftriaxone + metronidazole	Isoniazid + rifampicin + ethambutol + pyrazinamide	N/A [b]	Not reported	Died

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92	Malik *et al.*[S41]/2003	Saudi Arabia	57/M	APD	Hypertensive nephrosclerosis	36	Unknown	Not reported	Isoniazid 300mg/day + rifampicin 600mg/day + ethambutol 400mg/day + pyrazinamide 1000mg/day	6	Yes	Alive; transferred to HD
93	Malik *et al.*[S41]/2003	Saudi Arabia	71/M	CAPD	Diabetic nephropathy	6	Diabetes mellitus	Not reported	Isoniazid 300mg/day + rifampicin 600mg/day + ethambutol 400mg/day + pyrazinamide 1000mg/day	6	No	Alive; remained on PD
94	Ogutmen *et al.*[S42]/2003	Turkey	32/M	CAPD	Unknown etiology	Not reported	Disseminated TB	Not reported	Isoniazid 300mg/day + rifampicin 600mg/day + ethambutol 1000mg/day + pyrazinamide 1500mg/day	Not reported	No	Alive
95	Sahin *et al.*[S43]/2004	Turkey	36/M	CAPD	Not reported	4	Unknown	IV ceftazidime + IP cefazolin + IP amikacin	Isoniazid + rifampicin + ethambutol + pyrazinamide	Not reported	No	Alive
96	Vadivel *et al.*[S44]/2006	USA	62/F	CAPD	Diabetic nephropathy and hypertensive nephrosclerosis	60	Racial origin of endemic region (Haiti), diabetes mellitus	IP vancomycin + IP ceftazidime	Isoniazid 300mg/day + rifampicin 600mg/day + ethambutol 1200mg every 48 hours + pyrazinamide 1500mg every alternate day	N/A [b]	Yes, before *M. tuberculosis* was identified	Died
97	Canbakan *et al.*[S45]/2006	Turkey	39/M	CAPD	Not reported	84	Pulmonary TB	Ceftriaxone	Isoniazid 300mg/day + rifampicin 600mg/day + ethambutol 1500mg alternate day + pyrazinamide 1250mg/day	6	No	Alive; remained on PD
98	Dervisoglu *et al.*[S46]/2006	Turkey	49/F	CAPD	Chronic glomerulonephritis	15	Not reported	Vancomycin	Isoniazid + rifampicin + ethambutol + pyrazinamide	Not reported	Yes	Alive
99	Borrajo Prol *et al.*[S47]/2009	Spain	50/F	APD	Hypocomplementaemic glomerulonephritis	60	Hypoalbuminaemia (16g/L)	Imipenem + fluconazole+ isoniazid + rifampicin + pyrazinamide (started in the ICU)	Not reported	Not reported	Not reported	Alive; remained on PD

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100	Chiu *et al.*[S48]/2011	Taiwan	71/F	CAPD	Diabetic nephropathy	48	Diabetes mellitus	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + ethambutol 400mg/day + pyrazinamide 750-1000mg/day	6-12	Yes	Alive; transferred to HD
101	Chiu *et al.*[S48]/2011	Taiwan	62/F	CAPD	Chronic glomerulonephritis	48	Unknown	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + ethambutol 400mg/day + pyrazinamide 750-1000mg/day	6-12	Yes	Alive; transferred to HD
102	Chiu *et al.*[S48]/2011	Taiwan	71/M	CAPD	Chronic glomerulonephritis	3	Pulmonary TB	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + ethambutol 400mg/day + pyrazinamide 750-1000mg/day	N/A [b]	Yes	Died
103	Chiu *et al.*[S48]/2011	Taiwan	52/M	CAPD	Chronic glomerulonephritis	96	Pulmonary TB	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + ethambutol 400mg/day + pyrazinamide 750-1000mg/day	6-12	Yes	Alive; transferred to HD
104	Chiu *et al.*[S48]/2011	Taiwan	66/F	CAPD	Chronic glomerulonephritis	48	Unknown	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + ethambutol 400mg/day + pyrazinamide 750-1000mg/day	6-12	No	Alive; remained on PD

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105	Chiu *et al.*[(S48)]/2011	Taiwan	55/F	CAPD	Chronic glomerulonephritis	12	TB arthritis	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + ethambutol 400mg/day + pyrazinamide 750-1000mg/day	6-12	No	Alive; remained on PD
106	Chiu *et al.*[(S48)]/2011	Taiwan	61/F	CAPD	Chronic glomerulonephritis	48	Unknown	Not reported	Isoniazid 200-300mg/day + rifampicin 450-600mg/day + ethambutol 400mg/day + pyrazinamide 750-1000mg/day	6-12	No	Alive; remained on PD
107	Wang *et al.*[(S49)]/2011	Taiwan	24/M	CAPD	Focal segmental glomerulonephritis	48	Unknown	IP teicoplanin + IP ceftazidime	Isoniazid + rifampicin + ethambutol + pyrazinamide	Not reported	Yes	Alive; transferred to HD
108	Gursu *et al.*[(S50)]/2011	Turkey	22/M	CAPD	Crescentic glomerulonephritis	5	Unknown	Not reported	Isoniazid + rifampicin + ethambutol + pyrazinamide	Not reported	Yes	Alive; transferred to HD
109	Tseng *et al.*[(S51)]/2011	Taiwan	76/M	CAPD	Hypertensive nephrosclerosis	3	Unknown	IP cefazolin + tobramycin	Isoniazid 300mg/day + rifampicin 600mg/day + ethambutol 8mg every other day	N/A- patient died two months later	Yes	Died
110	Waness and Shohaib[(S52)]/2012	Saudi Arabia	54/M	CAPD	Diabetic nephropathy	24	Unknown	Aminoglycoside + vancomycin +/- antifungal	Isoniazid +rifampicin + pyrazinamide	9	Yes	Alive; transferred to HD
111	Waness and Shohaib[(S52)]/2012	Saudi Arabia	57/F	CAPD	APKD	24	Unknown	Aminoglycoside + vancomycin +/- antifungal	Isoniazid +rifampicin + pyrazinamide	9	Yes	Alive; resumed PD after 6 months
112	Waness and Shohaib[(S52)]/2012	Saudi Arabia	48/M	CAPD	Diabetic nephropathy	9	Diabetes mellitus	Aminoglycoside + vancomycin +/- antifungal	Isoniazid +rifampicin + pyrazinamide	9	Yes	Alive; transferred to HD
113	Waness and Shohaib[(S52)]/2012	Saudi Arabia	52/M	CAPD	Diabetic nephropathy	12	Diabetes mellitus	Aminoglycoside + vancomycin +/- antifungal	Isoniazid +rifampicin + pyrazinamide	9	Yes	Alive; transferred to HD
114	Lin *et al.*[(S53)] /2014	Taiwan	44/M	Not reported	Gouty nephropathy	6	Hypoalbuminaemia (28g/L)	Not reported	Isoniazid + rifampicin + pyrazinamide	Not reported	Yes	Alive; transferred to HD

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115	Lin *et al*.[S53] /2014	Taiwan	49/F[c]	Not reported	Diabetic nephropathy	12	Pulmonary TB; hypoalbuminaemia (15g/L), diabetes mellitus	Not reported	Isoniazid + rifampicin + ethambutol + pyrazinamide	Not reported	No	Alive; remained on PD; recurrence tuberculous peritonitis
116	Lin *et al*.[S53] /2014	Taiwan	50/F	Not reported	Diabetic nephropathy	24	Hypoalbuminaemia (34g/L), diabetes mellitus	Not reported	Isoniazid + rifampicin + pyrazinamide	Not reported	No	Alive; remained on PD
117	Lin *et al*.[S53] /2014	Taiwan	71/F	Not reported	Diabetic nephropathy	12	Hypoalbuminaemia (6.6g/L), diabetes mellitus	Not reported	Isoniazid + rifampicin + pyrazinamide	N/A [b]	Died	Died
118	Iqbal *et al*. [S54]/2015	United Kingdom	86/M	CAPD	Chronic hydronephrosis	18	Muscle invasive bladder cancer treated with intravesical Bacillus Calmette-Guerin (BCG)	Not reported	Isoniazid 250mg/day + rifampicin 600mg/day + pyrazinamide 1500mg/day for 6 weeks	N/A [b]	Yes	Died
119	Rahal *et al*.[S55]/2015	USA	60/F	CAPD	Hypertensive nephrosclerosis	Not reported	Diabetes mellitus, racial origin from endemic region (India)	Not reported	Isoniazid + rifampicin + ethambutol + pyrazinamide	6	Yes, before *M. tuberculosis* was identified	Alive
120	Rahman *et al*.[S56]/2015	Saudi Arabia	75/F	Not reported	Diabetic nephropathy	4	Diabetes mellitus	IP cefazolin + IP ceftazidime	Not reported	N/A [b]	No	Died
121	Rohit *et al*.[S57]/2016	India	68/M	CAPD	Diabetic nephropathy	24	Diabetes mellitus, racial origin from endemic region (India)	*First regimen:* IP ceftazidime + IP cefazolin for 8 days *Second regimen*: IV metronidazole + IP cefazidime + PO fluconazole 150mg on alternate days	Died before diagnosis	N/A [b]	Yes	Died
122	Rohit *et al*.[S57]/2016	India	60/M	Not reported	Not reported	Not reported	Racial origin from endemic region (India)	Not reported	Not reported	Not reported	Yes	Recurrent peritonitis with *coagulase negative staphylococcus spp.*

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123	Rohit *et al.*[(S57)]/2016	India	28/F	Not reported	Not reported	Not reported	Racial origin from endemic region (India)	Not reported	Not reported	Not reported	No	Alive
124	Rohit *et al.*[(S57)]/2016	India	57/M	Not reported	Not reported	Not reported	Racial origin from endemic region (India)	Not reported	Not reported	Not reported	No	Died
125	Edwards *et al.*[(S58)]/2016	UK	59/F	APD	Bilateral small kidneys and negative immunology	7	Racial origin from endemic region (India); positive *M. tuberculosis* culture in the lymph node concurrently	IP vancomycin + PO levofloxacin	Isoniazid + rifampicin + pyrazinamide + moxifloxacin	Not reported	No	Alive; remained on PD
126	Edwards *et al.*[(S58)]/2016	UK	50/F	APD	Hypertensive nephrosclereosis	28	Unknown	IP vancomycin + PO levofloxacin	Isoniazid + rifampicin + pyrazinamide + moxifloxacin	Not reported	No	Alive; remained on PD
127	Tamayo-Isla *et al.*[(S59)]/2016	South Africa	45/F	CAPD	Autosomal dominant polycystic kidney disease	69.8	Racial origin from endemic region (South Africa)	IP cefazolin + ceftazidime/gentamicin	Not reported	9	Yes	Alive; returned to PD
128	Tamayo-Isla *et al.*[(S59)]/2016	South Africa	30/M	CAPD	Obstructive uropathy	30.6	Racial origin from endemic region (South Africa)	IP cefazolin + ceftazidime/gentamicin	Isoniazid + rifampicin+ ethambutol + pyrazinamide	9	Yes	Alive; transferred to HD
129	Tamayo-Isla *et al.*[(S59)]/2016	South Africa	29/M	CAPD	Hypertensive nephrosclerosis	5.6	Racial origin from endemic region (South Africa)	IP cefazolin + ceftazidime/gentamicin	Not reported	9	Yes	Died
130	Tamayo-Isla *et al.*[(S59)]/2016	South Africa	51/M	CAPD	Diabetic nephropathy	13.4	Racial origin from endemic region (South Africa), diabetes mellitus	IP cefazolin + ceftazidime/gentamicin	Not reported	9	Yes	Alive; transferred to HD
131	Tamayo-Isla *et al.*[(S59)]/2016	South Africa	50/F	CAPD	Unknown	25.5	Racial origin from endemic region (South Africa)	IP cefazolin + ceftazidime/gentamicin	Not reported	9	Yes	Died
132	Tamayo-Isla *et al.*[(S59)]/2016	South Africa	34/M	CAPD	Hypertensive nephrosclerosis	2.5	Racial origin from endemic region (South Africa)	IP cefazolin + ceftazidime/gentamicin	Not reported	9	Yes	Died
133	Tamayo-Isla *et al.*[(S59)]/2016	South Africa	28/F	CAPD	Diabetic nephropathy	50.9	Racial origin from endemic region (South Africa), diabetes mellitus	IP cefazolin + ceftazidime/gentamicin	Not reported	9	No	Died
134	Tamayo-Isla *et al.*[(S59)]/2016	South Africa	37/F	CAPD	Unknown	8.3	Racial origin from endemic region (South Africa)	IP cefazolin + ceftazidime/gentamicin	Not reported	9	Yes	Died
135	Tamayo-Isla *et al.*[(S59)]/2016	South Africa	17/F	CAPD	Unknown	7.5	Racial origin from endemic region (South Africa)	IP cefazolin + ceftazidime/gentamicin	Not reported	9	Yes	Alive; transferred to HD

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136	Tamayo-Isla *et al.*[S59]/2016	South Africa	39/M	CAPD	Hypertensive nephrosclerosis	22.4	Racial origin from endemic region (South Africa)	IP cefazolin + ceftazidime/gentamicin	Not reported	9	Yes	Alive; transferred to HD
137	Tamayo-Isla *et al.*[S59]/2016	South Africa	41/F	CAPD	Hypertensive nephrosclerosis	11.7	Racial origin from endemic region (South Africa)	IP cefazolin + ceftazidime/gentamicin	Not reported	9	Yes	Died
138	Tamayo-Isla *et al.*[S59]/2016	South Africa	24/M	CAPD	Unknown	10.8	Racial origin from endemic region (South Africa)	IP cefazolin + ceftazidime/gentamicin	Not reported	9	Yes	Alive; transferred to HD
139	Ada *et al.*[S60]/2017	Turkey	60/M	CAPD	Not reported	5	Past history of pulmonary TB	IP vancomycin + ceftazidime	Isoniazid + rifampicin + pyrazinamide	12	No	Alive
140	Mogili *et al.*[S61]/2017	India	35/M	APD	Diabetes mellitus	8	Racial origin from endemic region (India)	Not reported	Isoniazid (5mg/kg per day) + rifampicin (10mg/kg per day) + pyrazinamide (10mg/kg per day) + levofloxacin (15mg/kg per alternate day)	Not reported	No	Alive
141	De la Cruz-Temores *et al.*[S62]/	Mexico	54/M	Not reported	Diabetes mellitus	Not reported	Diabetes mellitus	Regimen not specified	Not reported	6	Yes	Alive
142	Patcha *et al.*[S63]/2018	Philippines	42/M	Not reported	Diabetes mellitus	Not reported	Racial origin from endemic region (Philippines), diabetes mellitus	IV vancomycin + IV ceftazidime	Isoniazid + rifampicin + ethambutol + pyrazinamide	9	Yes	Alive
143	Haikal *et al.*[S64]/2019	Malaysia	40/F	CAPD	Hypertensive nephrosclerosis	96	Hypoalbuminaemia (9g/L)	IP cloxacillin + IP ceftazidime	Isoniazid + rifampicin + ethambutol + pyrazinamide	Not reported	Yes	Alive
144	Adriwesh *et al.*[S65]/2021	Saudi Arabia	10/F	APD	Familial nephrotic syndrome	24	Racial origin from endemic region (Saudi Arabia)	Not reported	Isoniazid + rifampicin + pyrazinamide	12	No	Alive
145	Kurniaatmaja *et al.*[S66]/2021	Indonesia	37/M	CAPD	Not reported	Not reported	Racial origin from endemic region (Indonesia)	Not reported	Isoniazid + rifampicin + ethambutol + pyrazinamide	6	Yes	Alive; transferred to HD
146	Relvas *et al.*[S67]/2021	Portugal	46/M	Not specified	Hypertensive nephrosclerosis	6	Neutropenic fever; latent TB (isoniazid was initiated)	Vancomycin + ceftazidime + fluconazole	Rifampicin + ethambutol + pyrazinamide + levofloxacin	Not reported	No	Alive; remained on PD
147	Safae *et al.*[S68]/2022	Morocco	50/F	CAPD	Lithiasic nephropathy	7	Originated from high TB incidence country (Morocco)	No	Isoniazid + rifampicin + ethambutol + pyrazinamide	Not reported	No	Alive; remained on PD
148	Dassi *et al.*[S69]/2021	India	49/M	CAPD	Not reported	Not reported	Racial origin from endemic region (India)	Not reported	Not reported	Not reported	Yes	Alive

Patient no.	Author/year of publication	Country of publication	Age/Gender	PD modality	Primary kidney disease	Time (in months) from PD start date to tuberculous peritonitis	Additional risk factors for tuberculous peritonitis	Name of initial antibiotic regimen [a]	Name of antituberculosis regimen [a]	Duration (in months) of antituberculosis treatment	Was PD catheter removed [c]? (Yes/No)	Short-term outcome
149	Safae *et al.*[(S68)]/2022	Morocco	45/M	CAPD	Undetermined nephropathy	36	Originated from high TB incidence country (Morocco)	No	Isoniazid + rifampicin + ethambutol + pyrazinamide	Not reported	Yes	Alive; transferred to HD
150	Safae *et al.*[(S68)]/2022	Morocco	64/M	CAPD	Diabetic nephropathy	24	Diabetes mellitus, pulmonary TB, Originated from high TB incidence country (Morocco)	No	Isoniazid + rifampicin + ethambutol + pyrazinamide	Not reported	No	Alive; remained on PD
151	Yuananda *et al.*[(S70)]/2022	Indonesia	28/F	CAPD	Not reported	Not reported	Racial origin from endemic region (Indonesia)	None	Isoniazid + rifampicin + ofloxacin + pyrazinamide	Not reported	Yes	Alive; transferred to HD

APD= automated peritoneal dialysis; CAPD= continuous ambulatory peritoneal dialysis; CXR= chest X-ray; F= female; HD= haemodialysis; HIV= human immunodeficiency virus; ICU= intensive care unit; IM= intramuscular; M= male; N/A= not applicable; PD= peritoneal dialysis; PO= oral; *M. tuberculosis*= *Mycobacterium tuberculosis*; PPD= purified protein derivative; TB= tuberculosis

[a] Author did not specify the dose or route of administration unless otherwise stated

[b] Died while receiving treatment for TB PD-associated peritonitis

[c] PD catheter removed due to TB PD-associated peritonitis

[d] Before tuberculous peritonitis was diagnosed

Supplementary Table S2: Other patient characteristics and outcomes of patients on PD with tuberculous peritonitis- *Case studies*

Patient No.	Author/year of publication	Country of publication	Age/Gender	Was PD catheter removed [a]?	Time (in days) of PD catheter removal from onset of symptoms [b]	Time (in weeks) antituberculosis therapy was started from onset of symptoms [b]	Concomitant [c] or within 4 weeks of another bacterial PD-associated peritonitis?	Death [d] (Yes/No)	Reason of death [d]; duration (in days/months) after tuberculous peritonitis was diagnosed
1	Khanna *et al.*[(S1)]/1980	Canada	47/M	Yes	7	6	No	Yes	Disseminated TB; 1 month
2	Khanna *et al.*[(S1)]/1980	Canada	33/M	Yes	3	6	No	No	
3	MacCormick[(S2)]/1980	New Zealand	42/M	Yes	15	Not reported	No	No	
4	Morford[(S3)]/1981	USA	56/M	Yes	15	3.4	No	Yes	Gastrointestinal bleeding; 8 days
5	Morford[(S3)]/1981	USA	55/F	Yes	18	14.5	No	No	
6	Holley *et al.*[(S4)]/1982	USA	48/M	Yes	1	5.6	No	Yes	Sepsis; 77 days
7	Holley *et al.*[(S4)]/1982	USA	54/M	Yes	Not reported	N/A; patient died	No	Yes	Tuberculous peritonitis; 33 days
8	Holley *et al.*[(S4)]/1982	USA	55/M	No	-	8	Yes, *Proteus spp.*	Yes	Heart failure; 4 months
9	Kluge[(S5)]/1983	USA	54/F	Yes	Not reported	Not reported	Catheter exit-site grew gram-negative, haemolytic *Streptococcus* and *Staphylococcus epidermidis*	No	
10	McKerrow and Neale[(S6)]/1983	New Zealand	53/F	No	-	6	Yes, *Corynebacterium xerosis*	Yes	Tuberculous peritonitis; Not reported
11	McKerrow and Neale[(S6)]/1983	New Zealand	56/F	Yes	Not reported	Not reported	Yes, *Staphylococcus epidermidis*	No	
12	McKerrow and Neale[(S6)]/1983	New Zealand	43/M	Yes	Not reported	Not reported	Yes, *Staphylococcus epidermidis*	No	
13	Cuss *et al.*[(S7)]/1986	UK	55/M	Not reported	Not reported	Not reported	No	Yes	Tuberculous peritonitis; 2 weeks
14	Ludlam *et al.*[(S8)]/1986	UK	51/M	No	-	4	Yes, *Acinetobacter lwoffii*	Yes	Heart failure; 47 days

Patient No.	Author/year of publication	Country of publication	Age/Gender	Was PD catheter removed [a]?	Time (in days) of PD catheter removal from onset of symptoms [b]	Time (in weeks) antituberculosis therapy was started from onset of symptoms [b]	Concomitant [c] or within 4 weeks of another bacterial PD-associated peritonitis?	Death [d] (Yes/No)	Reason of death [d]; duration (in days/months) after tuberculous peritonitis was diagnosed
15	Vathsala *et al.*[S9]/1987	Singapore	54/F	No	-	Not reported	No	No	-
16	Yorioka *et al.*[S10]/1988	Japan	61/F	Yes	8	6.3	No	No	-
17	Cheng *et al.*[S11]/1989	Hong Kong	47/F	Yes	10	6.4	No	Yes	Cardiac arrest; 2 months
18	Cheng *et al.*[S11]/1989	Hong Kong	33/M	Yes	288	27	No	No	
19	Cheng *et al.*[S11]/1989	Hong Kong	24/M	Yes	30	4.3	Yes, *coagulase-negative staphylococcus*	No	
20	Cheng *et al.*[S11]/1989	Hong Kong	61/F	No	-	1.9	No	No	
21	Cheng *et al.*[S11]/1989	Hong Kong	42/F	No	-	5.6	No	No	
22	Baumgartner *et al.*[S12]/1989	USA	47/M	No	-	3	No	Yes	AIDS-related cachexia; 1 year
23	Mallat and Brensilver[S13]/1989	USA	54/M	No	-	3	No	No	
24	Lye *et al.*[S14]/1990	Singapore	57/F	Yes	Not reported	Not reported	No	Not reported	
25	Ahijado *et al.*[S15]/1991	Spain	34/M	Yes	Not reported	Not reported	Yes, *Pseudomonas spp.*	No	
26	Ahijado *et al.*[S15]/1991	Spain	52/M	Yes	Not reported	Not reported	Yes, *Staphylococcus aureus & Candida spp.*	Yes	Committed suicide; died before tuberculous peritonitis was diagnosed
27	Ahijado *et al.*[S15]/1991	Spain	55/M	Yes	Not reported	Not reported	Yes, *Staphylococcus aureus*	No	
28	Ahijado *et al.*[S15]/1991	Spain	63/F	Yes	Not reported	Not reported	Yes, *Staphylococcus epidermidis & Corynebacterium spp.*	No	
29	Tan *et al.*[S16]/1991	USA	37/M	No	-	Not reported	No	No	
30	Tan *et al.*[S16]/1991	USA	58/F	No	-	Not reported	Catheter exit-site treated with vancomycin & gentamicin	Yes	Leg gangrene; exact duration not specified (few weeks later)
31	Tan *et al.*[S16]/1991	USA	77/M	No	-	3.5	No	No	
32	Kwan *et al.*[S17]/1991	UK	M	Yes	Not reported	Not reported	No	No	
33	Kwan *et al.*[S17]/1991	UK	F	Yes	Not reported	Not reported	No	No	
34	Kwan *et al.*[S17]/1991	UK	F	N/A	Not reported	Not reported	No	Yes	Cardiac-related death; not reported

Patient No.	Author/year of publication	Country of publication	Age/Gender	Was PD catheter removed [a]?	Time (in days) of PD catheter removal from onset of symptoms [b]	Time (in weeks) antituberculosis therapy was started from onset of symptoms [b]	Concomitant [c] or within 4 weeks of another bacterial PD-associated peritonitis?	Death [d] (Yes/No)	Reason of death [d]; duration (in days/months) after tuberculous peritonitis was diagnosed
35	Kwan *et al.*[S17]/1991	UK	F	N/A	Not reported	Not reported	No	Yes	Cardiac-related death; not reported
36	Ong *et al.*[S18]/1992	UK	63/M	Yes	28	Not reported	No	No	
37	Ong *et al.*[S18]/1992	UK	57/F	Yes	11	5	No	No	
38	Ong *et al.*[S18]/1992	UK	70/M	Yes	12	6	No	Yes	Unrelated illness; 6 months
39	Perez Fontan *et al.*[S19]/1992	Spain	60/M	No	-	Died	No	Yes	Cardiac-related; 15 days
40	Perez Fontan *et al.*[S19]/1992	Spain	66/M	No	-	Died	No	Yes	Tuberculous peritonitis; 14 days
41	Cebrian *et al.*[S20]/1992	Spain	50/M	Yes	14	6.4	No	Yes	Myocardial infarction; 20 days
42	Mousson *et al.*[S21]/1993	France	69/F	No	-	7	No	No	
43	Tsai *et al.*[S22]/1994	Taiwan	13/F	No	-	0.6	No	No	
44	Aguirre *et al.*[S23]/1994	Spain	71/M	No	-	4	No	No	
45	Ha *et al.*[S24]/1995	Korea	60/F	Yes	15	Not reported	No	No	
46	Herrera *et al.*[S25]/1996	Spain	75/F	Yes	5	Not reported	Not reported	No	
47	Huang *et al.*[S26]/1996	Taiwan	62/F	Yes	13	50	No	Yes	Cardiopulmonary failure; 3 months
48	Lui *et al.*[S27]/1996	Hong Kong	60/F	No	-	4	Yes, organism not specified	No	
49	Lui *et al.*[S27]/1996	Hong Kong	24/F	No	-	8	No	No	
50	Lui *et al.*[S27]/1996	Hong Kong	61/M	N/A; died	Not reported	8	No	Yes	Sudden cardiac death; not reported
51	Lui *et al.*[S27]/1996	Hong Kong	60/F	N/A; died	Not reported	2	No	Yes	Sudden cardiac death; 9 months
52	Lui *et al.*[S27]/1996	Hong Kong	35/F	No	-	12	Yes, organism not specified	No	
53	Lui *et al.*[S27]/1996	Hong Kong	58/F	Yes	Not reported	20	No	No	

Patient No.	Author/year of publication	Country of publication	Age/Gender	Was PD catheter removed [a]?	Time (in days) of PD catheter removal from onset of symptoms [b]	Time (in weeks) antituberculosis therapy was started from onset of symptoms [b]	Concomitant [c] or within 4 weeks of another bacterial PD-associated peritonitis?	Death [d] (Yes/No)	Reason of death [d]; duration (in days/months) after tuberculous peritonitis was diagnosed
54	Lui *et al.*[S27]/1996	Hong Kong	35/F	No	-	12	No	No	
55	Lui *et al.*[S27]/1996	Hong Kong	47/M	No	-	16	No	No	
56	Lui *et al.*[S27]/1996	Hong Kong	40/M	No	Not reported	4	No	No	
57	Lui *et al.*[S27]/1996	Hong Kong	33/M	Yes	Not reported	24	No	No	
58	Yoshitake *et al.*[S28]/1998	Japan	73/M	Yes	19	14	No	Yes	Multiorgan failure from pneumonia; 6 months
59	Dogukan *et al.*[S29]/1998	Turkey	45/F	No	-	3	No	No	
60	Prakash[S30]/1999	India	24/M	Yes	7	Taking antituberculosis therapy for pulmonary TB	No	No	
61	Prakash[S30]/1999	India	62/M	Yes	7	7	No	Yes	Tuberculous peritonitis; 12 days
62	Talwani *et al.*[S31]/2000	USA	37/M	Yes	35	37	Yes, *Candida tropicalis*	No	
63	Quantrill *et al.*[S32]/2001	UK	59/F	No	-	Not reported	No	No	
64	Quantrill *et al.*[S32]/2001	UK	58/M	Yes	Not reported	Not reported	No	Yes	Unrelated to tuberculous peritonitis; not reported
65	Quantrill *et al.*[S32]/2001	UK	58/F	Yes	Not reported	Not reported	No	No	
66	Quantrill *et al.*[S32]/2001	UK	63/F	No	-	Not reported	No	Yes	Unrelated to tuberculous peritonitis; not reported
67	Quantrill *et al.*[S32]/2001	UK	34/F	No	-	Not reported	No	No	
68	Quantrill *et al.*[S32]/2001	UK	36/M	No	-	Not reported	No	No	
69	Quantrill *et al.*[S32]/2001	UK	57/M	No	-	Not reported	No	Yes	Acute small bowel obstruction secondary to adhesions; not reported
70	Quantrill *et al.*[S32]/2001	UK	73/M	Yes	Not reported	Not reported	No	No	
71	Gupta and Prakash[S33]/2001	India	65/M	No	-	4	No	Yes	Tuberculous peritonitis; not reported
72	Abraham *et al.*[S34]/2001	India	18/M	Yes	Not reported	Not reported	Yes, *Candida spp.*	No	
73	Abraham *et al.*[S34]/2001	India	55/M	Yes	Not reported	Not reported	Yes, organism not specified	Yes	Not reported; duration unknown
74	Abraham *et al.*[S34]/2001	India	67/F	Yes	Not reported	Not reported	Yes, organism not specified	Yes	Not reported; duration unknown
75	Abraham *et al.*[S34]/2001	India	69/F	Yes	Not reported; PD catheter removed and reinserted	Not reported	Yes, organism not specified	No	

Patient No.	Author/year of publication	Country of publication	Age/Gender	Was PD catheter removed [a]?	Time (in days) of PD catheter removal from onset of symptoms [b]	Time (in weeks) antituberculosis therapy was started from onset of symptoms [b]	Concomitant [c] or within 4 weeks of another bacterial PD-associated peritonitis?	Death [d] (Yes/No)	Reason of death [d]; duration (in days/months) after tuberculous peritonitis was diagnosed
76	Lui *et al*.[S35]/2002	Hong Kong	43/F	Not reported	Not reported	0.4	No	No	
77	Bouraoui et al.[S37]/2002	Tunisia	38/F	No	-	9.7	No	No	
78	Lye *et al*.[S36]/2002	Singapore	18/M	Yes	10	6	No	Not reported	
79	Lye *et al*.[S36]/2002	Singapore	50/M	Yes	14	6	No	Not reported	
80	Hung *et al*. [S38]/2003	Taiwan	42/F	Yes	Not reported	6	No	No	
81	Karayaylali *et al*.[S39]/2003	Turkey	42/F	Yes	Not reported	1	No	No	
82	Karayaylali *et al*.[S39]/2003	Turkey	20/M	Yes	Not reported	4	No	Yes	Tuberculous peritonitis; duration not reported
83	Karayaylali *et al*.[S39]/2003	Turkey	31/M	Yes	Not reported	8	No	No	
84	Karayaylali *et al*.[S39]/2003	Turkey	49/M	No	-	1.5	No	Yes	Pulmonary embolism; duration not reported
85	Karayaylali *et al*.[S39]/2003	Turkey	45/F	No	-	1.5	No	No	
86	Karayaylali *et al*.[S39]/2003	Turkey	49/M	Yes	Not reported	1.5	No	Yes	Tuberculous peritonitis; duration not reported
87	Karayaylali *et al*.[S39]/2003	Turkey	36/F	No	-	-	No	No	
88	Karayaylali *et al*.[S39]/2003	Turkey	25/F	Yes	Not reported	2	No	Yes	Tuberculous peritonitis; duration not reported
89	Karayaylali *et al*.[S39]/2003	Turkey	45/M	Yes	Not reported	5	No	No	
90	Karayaylali *et al*.[S39]/2003	Turkey	30/F	Yes	Not reported	-	No	No	
91	Johnson *et al*.[S40]/2003	Australia	57/F	Not reported	Not reported	3	Yes, culture-negative but improved with vancomycin	Yes	Bowel perforation; 1 day
92	Malik *et al*.[S41]/2003	Saudi Arabia	57/M	Yes	Not reported	Not reported	No	No	
93	Malik *et al*.[S41]/2003	Saudi Arabia	71/M	No	-	Not reported	Yes, *Klebsiella pneumoniae*	No	
94	Ogutmen *et al*.[S42]/2003	Turkey	32/M	No	-	Not reported	No	No	
95	Sahin *et al*.[S43]/2004	Turkey	36/M	No	-	Not reported	No	No	
96	Vadivel *et al*.[S44]/2006	USA	62/F	Yes	Not reported	Not reported	No	Yes	Likely related to tuberculous peritonitis (acute hypoxamic respiratory failure of unknown etiology and sepsis); 1 month
97	Canbakan *et al*.[S45]/2006	Turkey	39/M	No	-	1.2	No	No	
98	Dervisoglu et al.[S46]/2006	Turkey	Turkey	Yes	22	5.5	No	No	

Patient No.	Author/year of publication	Country of publication	Age/Gender	Was PD catheter removed [a]?	Time (in days) of PD catheter removal from onset of symptoms [b]	Time (in weeks) antituberculosis therapy was started from onset of symptoms [b]	Concomitant [c] or within 4 weeks of another bacterial PD-associated peritonitis?	Death [d] (Yes/No)	Reason of death [d]; duration (in days/months) after tuberculous peritonitis was diagnosed
99	Borrajo Prol *et al*.[S47]/2009	Spain	50/F	Not reported	Not reported	Not reported	No	No	
100	Chiu *et al*.[S48]/2011	Taiwan	71/F	Yes	Not reported	Not reported	Yes, organism not specified	No	
101	Chiu *et al*.[S48]/2011	Taiwan	62/F	Yes	Not reported	Not reported	No	No	
102	Chiu *et al*.[S48]/2011	Taiwan	71/M	Yes	Not reported	Not reported	No	Yes	Septic shock from pneumonia; 21 days
103	Chiu *et al*.[S48]/2011	Taiwan	52/M	Yes	Not reported	Not reported	No	No	
104	Chiu *et al*.[S48]/2011	Taiwan	66/F	No	-	Not reported	No	No	
105	Chiu *et al*.[S48]/2011	Taiwan	55/F	No	-	Not reported	No	No	
106	Chiu *et al*.[S48]/2011	Taiwan	61/F	No	-	Not reported	No	No	
107	Wang *et al*.[S49]/2011	Taiwan	24/M	Yes	Not reported	2	No	No	
108	Gursu *et al*.[S50]/2011	Turkey	22/M	Yes	Not reported	Not reported	No	No	
109	Tseng et al.[S51]/2012	Taiwan	76/M	Yes	20	5	No	Yes	Intracranial haemorrhage; 2 months
110	Waness and Shohaib[S52]/2012	Saudi Arabia	54/M	Yes	Not reported	Not reported	No	No	
111	Waness and Shohaib[S52]/2012	Saudi Arabia	57/F	Yes	Not reported	Not reported	No	No	
112	Waness and Shohaib[S52]/2012	Saudi Arabia	48/M	Yes	Not reported	Not reported	No	No	
113	Waness and Shohaib[S52]/2012	Saudi Arabia	52/M	Yes	Not reported	Not reported	No	No	
114	Lin *et al*.[S53] /2014	Taiwan	44/M	Yes	Not reported	Not reported	No	No	
115	Lin *et al*.[S53] /2014	Taiwan	49/F[c]	No	-	Not reported	No	No	
116	Lin *et al*.[S53] /2014	Taiwan	50/F	No	-	Not reported	No	No	
117	Lin *et al*.[S53] /2014	Taiwan	71/F	Died	Not reported	Not reported	Yes, *Serratia marcescens*	Yes	PD peritonitis related death; septic shock and multiple organ failure; duration not reported

Patient No.	Author/year of publication	Country of publication	Age/Gender	Was PD catheter removed [a]?	Time (in days) of PD catheter removal from onset of symptoms [b]	Time (in weeks) antituberculosis therapy was started from onset of symptoms [b]	Concomitant [c] or within 4 weeks of another bacterial PD-associated peritonitis?	Death [d] (Yes/No)	Reason of death [d]; duration (in days/months) after tuberculous peritonitis was diagnosed
118	Iqbal *et al*.[S54]/2015	United Kingdom	86/M	Yes	Not reported	Not reported	Had two episodes of culture-negative peritonitis each within 1 month of antibiotic therapy with recovery	Yes	Withdrawal from HD; 4.5 months
119	Rahal *et al*.[S55]/2015	USA	60/F	Yes	56 (multiple admissions over 2 months for peritonitis without microbiologic diagnosis)	4	No	No	-
120	Rahman *et al*.[S56]/2015	Saudi Arabia	75/F	No	Not reported	Not reported	Yes, *Aspergillus Fumigatus*	Yes	Related to tuberculous peritonitis; 4 weeks
121	Rohit *et al*.[S57]/2016	India	68/M	Yes	9	Died before antituberculosis treatment was started	No	Yes	Cardiac arrest; 12 weeks
122	Rohit *et al*.[S57]/2016	India	60/M	Yes	Not reported	Not reported	Yes, *Coagulase negative staphylococcus spp.*	Yes	Presumed PD-associated peritonitis; duration unknown
123	Rohit *et al*.[S57]/2016	India	28/F	No	-	Not reported	Yes, 1 episode of bacterial peritonitis of unknown organism	No	
124	Rohit *et al*.[S57]/2016	India	57/M	No	-	Not reported	TB PCR of dialysate positive in several episodes over 4 years	Yes	Died on the third episode of tuberculous peritonitis; 5 months
125	Edwards *et al*.[S58]/2016	UK	59/F	No		2.3	No	No	
126	Edwards *et al*.[S58]/2016	UK	50/F	No		2	No	No	
127	Tamayo-Isla *et al*.[S59] /2016	South Africa	45/F	Yes	24		No	No	
128	Tamayo-Isla *et al*.[S59] /2016	South Africa	30/M	Yes	14	5.86	No	No	
129	Tamayo-Isla *et al*.[S59] /2016	South Africa	29/M	Yes	21	3.86	No	Yes	Related to tuberculous peritonitis; duration not reported
130	Tamayo-Isla *et al*.[S59] /2016	South Africa	51/M	Yes	1	0.42	Yes; *Staphylococcus cohnii*	No	
131	Tamayo-Isla *et al*.[S59] /2016	South Africa	50/F	Yes	15	2.14	No	Yes	Related to tuberculous peritonitis; duration not reported
132	Tamayo-Isla *et al*.[S59] /2016	South Africa	34/M	Yes	8	6.71	No	Yes	Related to tuberculous peritonitis; duration not reported
133	Tamayo-Isla *et al*.[S59] /2016	South Africa	28/F	No		8.71	No	Yes	Related to tuberculous peritonitis; duration not reported
134	Tamayo-Isla *et al*.[S59] /2016	South Africa	37/F	Yes	61	9.85	No	Yes	Related to tuberculous peritonitis; duration not reported
135	Tamayo-Isla *et al*.[S59] /2016	South Africa	17/F	Yes	7	1.0	No	No	

Patient No.	Author/year of publication	Country of publication	Age/Gender	Was PD catheter removed [a]?	Time (in days) of PD catheter removal from onset of symptoms [b]	Time (in weeks) antituberculosis therapy was started from onset of symptoms [b]	Concomitant [c] or within 4 weeks of another bacterial PD-associated peritonitis?	Death [d] (Yes/No)	Reason of death [d]; duration (in days/months) after tuberculous peritonitis was diagnosed
136	Tamayo-Isla *et al.*[S59] /2016	South Africa	39/M	Yes	38	5.14	No	No	
137	Tamayo-Isla *et al.*[S59] /2016	South Africa	41/F	Yes	10	0.86	No	Yes	Related to tuberculous peritonitis; duration not reported
138	Tamayo-Isla *et al.*[S59] /2016	South Africa	24/M	Yes	7	1.29	No	No	
139	Ada *et al.*[S60]/2017	Turkey	60/M	No	-	Not reported	No	No	
140	Mogili *et al.*[S61]/2017	India	35/M	No	-	1	No	No	
141	De la Cruz-Temores *et al.*[S62]/	Mexico	54/M	Yes	7	Not reported	No	No	
142	Patcha *et al.*[S63]/2018	Philippines	42/M	Yes	7	Not reported	No	No	
143	Haikal *et al.*[S64]/2019	Malaysia	40/F	Yes	14	Not reported	No	Yes	Catheter-related bloodstream infection with *Methicillin Resistant Staphylococcus aureus* (MRSA); duration not reported
144	Adriwesh *et al.*[S65]/2021	Saudi Arabia	10/F	Yes	7	26	No	No	
145	Kurniaatmaja *et al.*[S66]/2021	Indonesia	37/M	Yes	Not reported	Not reported	No	No	
146	Relvas *et al.*[S67]/2021	Portugal	46/M	No	-	1.3	No	No	
147	Dassi *et al.*[S69]/2021	India	49/M	Yes	Not reported	Not reported	No	No	
148	Safae *et al.*[S68]/2022	Morocco	50/F	No	-	Not reported	No	No	
149	Safae *et al.*[S68]/2022	Morocco	45/M	Yes	10	2.7	No	No	
150	Safae *et al.*[S68]/2022	Morocco	64/M	No	-	Not reported; but started antituberculosis regimen for the treatment of active pulmonary TB	No	No	
151	Yuananda *et al.*[S70]/2022	Indonesia	28/F	Yes	Not reported	Not reported	Yes, gram-positive coccus	No	

AIDS=acquired immunodeficiency syndrome; F=female; HD=haemodialysis; IM=intramuscular; M=male; N/A=not applicable; PCR=polymerase chain reaction; PD=peritoneal dialysis; *M. tuberculosis*=*Mycobacterium tuberculosis*; TB=tuberculosis

[a] PD catheter removal associated with tuberculous peritonitis

[b] Symptoms of tuberculous PD-associated peritonitis

[c] Organism identified on the same day when *M. tuberculosis* was identified or while receiving antituberculosis therapy for tuberculous peritonitis

[d] All-cause death within 30 days of tuberculous peritonitis or during antituberculosis treatment for tuberculous peritonitis

Supplementary Table S3: Summary of the cohort studies of PD patients with tuberculous peritonitis

Author/Year	Country of publication	No. of patients/Gender	Mean age (in years)	PD modality	Mean time (in months) from PD start date to tuberculous peritonitis	Additional risk factors [b]	Concomitant [a] or within 4 weeks of another bacterial PD-associated peritonitis?	Time (in days/weeks) from onset of symptoms to diagnosis	Antituberculosis regimen	Duration (in months) of antituberculosis therapy	PD catheter removal (Yes/No)	Short term outcome
Soto *et al.*[S71]/1989	Spain	4/3M, 1F	38.8	CAPD	7-42 (mean duration: 16)	2 (50%) positive Mantoux test	Not reported	Not reported	2 patients: Isoniazid, rifampicin + ethambutol 1 patient: isoniazid + rifampicin 1 patient: not reported	Not reported	Yes, 4 (100%) patients	2 (50%) returned to CAPD 1 (25%) transferred to HD 1 (25%) died from suicide
Cheung *et al.*[S72]/2004	Hong Kong	9/6F, 3M	Not reported	CAPD	Not reported	4 (44.4%) had diabetes mellitus; 1 (11.1%) had carcinoma of the cervix	No	Median, 5 weeks	Isoniazid + rifampicin + pyrazinamide	9-12	Yes, 7 (5 due to persistent tuberculous peritonitis symptoms; 2 due to ultrafiltration failure)	5 (55.6%) transferred to HD 3 (33.3%) died from septicaemia 1 (11.1%) remained on PD
Civilibal *et al.*[S73]/2007	Turkey	3^	16.3	CAPD	Not reported	1 (33.3%) of them had family history of pulmonary TB 5 years ago	Not reported	23± 6 days	Isoniazid (10 mg/kg/day) + rifampicin (15 mg/kg/day) + pyrazinamide (30 mg/kg/day)	12	No	Cured
Prasad *et al.*[S74]/2010	India	26/10F, 16M	54	Not reported	18.5	26 (100%) had racial origin from endemic region (India); 1 (3.8%) had malignant condition	Not reported	Not reported	Not reported	Not reported	Yes, 26 (100%) patients	17 (65.4%) permanent HD 9 (34.6%) returned to PD. Of 17 patients who transferred to HD, 14 (82.3%) died[c.] Only 1 (11%) of the 9 patients who returned to PD died

Author/Year	Country of publication	No. of patients/Gender	Mean age (in years)	PD modality	Mean time (in months) from PD start date to tuberculous peritonitis	Additional risk factors [b]	Concomitant [a] or within 4 weeks of another bacterial PD-associated peritonitis?	Time (in days/weeks) from onset of symptoms to diagnosis	Antituberculosis regimen	Duration (in months) of antituberculosis therapy	PD catheter removal (Yes/No)	Short term outcome
Rohit *et al.*[S75]/2010	India	34 patients (19 male, 15 female)	Not reported	CAPD	10	Endemic region (India), 13 (38.2%) patients had diabetes mellitus	Not reported	Not reported	Not reported	Not reported	Yes; 2 (5.9%) patients had PD catheter removed	0% died; 2 (5.9%) had catheter removal, dialysis modality was unknown for the remaining 32 (94.1%) patients.
Pagniez *et al.*[S76]/2012	Country not reported (European countries)	8 (gender not reported)	49-94 (median age: 78)	CAPD	2-82 (median 15)	5 (62.5%) patients were coal miners	Not reported	Not reported	Not reported	Not reported	Yes; 2 (25%) patients had catheter removal	4 (50%) died (within one-month of diagnosis of tuberculous peritonitis); remaining 4 (50%) transferred to HD

Author/Year	Country of publication	No. of patients/Gender	Mean age (in years)	PD modality	Mean time (in months) from PD start date to tuberculous peritonitis	Additional risk factors [b]	Concomitant [c] or within 4 weeks of another bacterial PD-associated peritonitis?	Time (days/weeks) from onset of symptoms to diagnosis	Antituberculosis regimen	Duration (in months) of antituberculosis therapy	PD catheter removal (Yes/No)	Short term outcome
Huang *et al*.[S77]/2011	Taiwan	2[^]	49.9	CAPD	8	Unknown	Not reported	Not reported	Isoniazid (5mg/kg/day, max 300 mg/day) + rifampicin (600 mg/day) + ethambutol (10 mg/day) + pyrazinamide (1.5 to 2000 mg/day)	9-12	1 (before *M.tuberculosis* was identified)	1 (50%) remained on CAPD 1 (50%) transferred to HD 0 (0%) died
Ram *et al*.[S78]/2013	India	11(8M, 3F)	49	CAPD	36	11 (100%) had racial origin from endemic region (India); 3 (27.3%) had diabetes mellitus	1 (9.1%) had Klebsiella pneumoniae 3 weeks before tuberculous peritonitis, 1 (9.1%) had concomitant fungal peritonitis	15 days*	Isoniazid (5 mg/kg/day), rifampicin (10 mg/kg/day), pyrazinamide (10 mg/kg/day), ofloxacin (15 mg/kg/day)	18	5 (3 unrelated to tuberculous peritonitis, 1 had concomitant *Klebsiella pneumoniae* peritonitis; 1 had concomitant fungal peritonitis	5 (45.5%) transferred to HD 4 (36.4%) remained on CAPD 2 (18.2%) died from tuberculous peritonitis

CAPD=continuous ambulatory peritoneal dialysis; F= female; H=haemodialysis; M= male; PD= peritoneal dialysis;

[a] Organism identified on the same day when *M. tuberculosis* was identified or while receiving antituberculosis therapy for tuberculous peritonitis

[b] Racial origin from endemic countries or high TB incidence (upper-moderate) was defined as >100-299 or > 50-99 new and relapse cases per 100 000 population[79].

[c] Reason of death not reported.

[^] Gender was not specified

[*] Expressed as mean duration

Supplementary Table S4: Patient characteristics in patients with tuberculous peritonitis in the ANZDATA Registry analysis

Patient no.	Gender	Age at tuberculous peritonitis	Primary kidney disease	Ethnicity; Country of birth	Time (in months) from PD commencement to tuberculous peritonitis	PD modality	Was this episode a relapse or recurrence of peritonitis?	Total number of peritonitis during the study period [a]; Name(s) of organism	Name of initial empirical antibiotic regimen	Concomitant bacterial peritonitis (Yes/No); Name of organism	Antituberculosis regimen	Was PD catheter removed?	Time (in days) to PD catheter removal (days)?	Short-term outcome
1	F	60	Bilateral renal artery stenosis	Asian; India	0.4	Not reported	No	1; *Staphylococcus epidermidis*	Cefazolin + gentamicin + dicloxacillin	No	Not reported	No	-	Remained on PD
2	F	49	Uncertain diagnosis	Asian; India	1.1	Not reported	No	0	Cefazolin + ceftazidime	No	Not reported	Yes	8	Permanent HD
3	F	61	Hypertensive nephrosclerosis	White; Australia	32.1	Not reported	No	3; Culture-negative, other organism (not specified), *Acinetobacter spp.*	Vancomycin + gentamicin	No	Not reported	Yes	3	Permanent HD
4	F	60	Mesangial proliferative glomerulonephritis	Asian; Philippines	49.3	Not reported	No	1; *Streptococcus viridians group*	Ceftriaxone + metronidazole	No	Not reported	Yes	18	Permanent HD
5	M	89	Hypertensive nephrosclerosis	White; Australia	5.7	Not reported	No	0	Vancomycin + gentamicin	No	Rifampicin	Yes	6	Permanent HD
6	F	38	Reflux nephropathy	Other; Ethiopia	27.8	APD	No	0	Cefazolin + vancomycin + ceftazidime	No	Isoniazid + rifampicin	Yes	7	Permanent HD
7	M	58	Diabetic nephropathy	White; Australia	3.7	APD	No	1; Culture-negative	Cefazolin + vancomycin + gentamicin	No	Not reported	Yes	Not reported	Permanent HD
8	M	69	Mesangial proliferative glomerulonephritis	Asian; Cambodia	16.3	CAPD	No	0	Cefazolin + ceftazidime	No	isoniazid + rifampicin + pyrazinamide	Yes	11	Permanent HD
9	F	35	Reflux nephropathy	White; Australia	2.7	CAPD	No	0	Cefazolin + gentamicin	No	Not reported	Yes	2	Permanent HD

Patient no.	Gender	Age at tuberculous peritonitis	Primary kidney disease	Ethnicity	Time (in months) from PD commencement to tuberculous peritonitis	PD modality	Was this episode a relapse or recurrence of peritonitis?	Total number of peritonitis during the study period [a]; Name(s) of organism	Name of initial empirical antibiotic regimen	Concomitant bacterial peritonitis (Yes/No); Name(s) of organism	Antituberculosis regimen	Was PD catheter removed?	Time (in days) to PD catheter removal (days)	Short-term outcome
10	F	89	Presumed glomerulonephritis	Asian; China	74.4	APD	No	6; *Streptococcus viridans* groups, culture-negative, gram-positive organism (not specified), CNS (not specified), *Pseudomonas spp.*, *Escherichia coli*	Vancomycin + gentamicin	No	Isoniazid + rifampicin + pyrazinamide	Yes	7	Permanent HD
11	F	56	Mesangial proliferative glomerulonephritis	Asian; Philippines	75.8	APD	No	0	Cefazolin + gentamicin	No	Rifampicin + isoniazid + pyrazinamide + moxifloxacin	Yes	5	Permanent HD
12	M	63	Mesangial proliferative glomerulonephritis	White; Australia	38.0	APD	No	0	Cefazolin + gentamicin	No	Not reported	Yes	7	Permanent HD
13	M	65	Diabetic nephropathy	Asian; Philippines	19.4	CAPD	No	0	Cefazolin + gentamicin	No	Isoniazid + rifampicin	No	-	Remained on PD
14	M	54	Mesangiocapillary glomerulonephritis	Asian; Christmas Island	39.6	APD	No	2; *Staphylococcus aureus*	Vancomycin + gentamicin	No	Not reported	Yes	41	Permanent HD
15	M	65	Hypertensive nephrosclerosis	Asian; Hong Kong	26.9	APD	No	1; *Streptococcus mitis*	Cefazolin + ceftazidime + piperacillin and tazobactam	No	Isoniazid + rifampicin + pyrazinamide	Yes	8	Permanent HD
16	M	67	Diabetic nephropathy	Other; Samoa	17.3	APD	No	0	Cefazolin + gentamicin	No	Rifampicin + pyrazinamide + moxifloxacin	Yes	8	Permanent HD
17	M	80	Diabetic nephropathy	Asian; Philippines	32.3	CAPD	No	0	Vancomycin	Yes; *Staphylococcus capitis* and *Streptococcus haemolyticus*	Rifampicin + pyrazinamide	No	-	Died

APD= automated peritoneal dialysis; CAPD= continuous ambulatory peritoneal dialysis; F= female; HD= haemodialysis; M= male; PD= peritoneal dialysis; TB= tuberculosis

[a] before tuberculous peritonitis

Supplementary Table S5: Antituberculosis regimen in the literature review- *Case studies*

Antituberculosis regimen^	Total patient (n=151)
Rifampicin + isoniazid + pyrazinamide	41 (27.2%)
Rifampicin + isoniazid + ethambutol + pyrazinamide	36 (23.8%)
Not reported	21 (13.9%)
Rifampicin + isoniazid + ethambutol	16 (10.6%)
Rifampicin + isoniazid	9 (6.0%)
Rifampicin + isoniazid + ethambutol + streptomycin	8 (5.3%)
Died before antituberculosis regimen was started	6 (4.0%)
Rifampicin + isoniazid + pyrazinamide + other agent (ciprofloxacin/levofloxacin/ofloxacin/moxifloxacin)	6 (4.0%)
Rifampicin + isoniazid + other agent (streptomycin, morphazinamide)	5 (3.3%)
Isoniazid + ethambutol + ofloxacin	1 (0.7%)
Rifampicin + ethambutol + pyrazinamide + levofloxacin	1 (0.7%)
Rifampicin + isoniazid + morphazinamide + ciprofloxacin	1 (0.7%)

^ May not total up to 100% due to rounding

Supplementary Table S6: Antituberculosis regimen in the literature review- *Cohort studies*

Antituberculosis regimen	Total patient (n=97)
Not reported	69 (71.1%)
Rifampicin + isoniazid + pyrazinamide	12 (12.4%)
Rifampicin + isoniazid + pyrazinamide + other antibiotic (ofloxacin)	11 (11.3%)
Rifampicin + isoniazid + ethambutol + pyrazinamide	2 (2.1%)
Rifampicin + isoniazid + ethambutol	2 (2.1%)
Rifampicin + isoniazid	1 (1.0%)

Supplementary Table S7: Antituberculosis regimen in the ANZDATA Registry analysis

Antituberculosis regimen	Total patient (n=17)
Unknown regimen	9 (52.9%)
Rifampicin + isoniazid + pyrazinamide	4 (23.5%)
Rifampicin + isoniazid	2 (11.8%)
Rifampicin + pyrazinamide	1 (5.9%)
Rifampicin + pyrazinamide + moxifloxacin	1 (5.9%)

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