

中文題目：早期包囊性腹膜硬化症的診斷、治療、及完全治癒

英文題目：Diagnosis, Treatment, and Cure In Very Early stage Encapsulating Peritoneal Sclerosis

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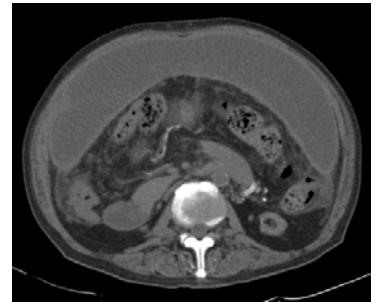
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Background

Encapsulating peritoneal sclerosis (EPS) is an uncommon and often fatal complication in patients on peritoneal dialysis (PD) therapy. However, early detection and treatment of EPS might reverse this catastrophic development. Here we will present two cases presented with ileus and persistent leukocytosis after PD related peritonitis was controlled. Clinical suspicion and imaging studies arranged in time confirm the diagnosis of EPS and early initiated treatment reached total resolution of EPS in both patients.

Case 1.

A 70-year-old female patient visited our ER due to abdominal pain for one day. She had ESRD and received PD for 10 years. The blood culture and ascites culture both revealed Methicillin-resistant *Staphylococcus aureus*. Since the infection persisted, the Tenckhoff catheter was removed and the patient was shifted to hemodialysis. However, repeated abdominal paracentesis were needed due to rapid accumulation of ascites though the ascites became sterile. Thus Ga-67 inflammation scan with SPECT revealed loculated ascites, confirmed the diagnosis of early EPS. After combined tamoxifen and steroid, the abdomen CT 5 months later showed complete resolution of the EPS.



Case 2.

A 62-year-old female patient had ESRD under PD for 6 years. Due to the severe abdomen pain for 3 days, she was hospitalized and the ascites culture showed *Serratia marcescens*. The ascites culture became negative and Tenckhoff catheter was removed ; peritonitis persisted. Abdominal CT arranged showed intra-abdomen fluid collections compatible with EPS development. The patient was treated with methylprednisolone and tamoxifen and the EPS finally resolved.

關鍵字：包囊性腹膜硬化症，腹膜透析，腹膜炎

Key words: Encapsulating peritoneal sclerosis, Peritoneal dialysis, Peritonitis