

中文題目：包囊性腹膜硬化症以細菌培養陰性腹膜炎為表現在一位腹膜透析五年的患者: 案例報告

英文題目：Encapsulating Peritoneal Sclerosis Presented with Culture Negative PD Peritonitis in a Peritoneal Dialysis 5 years Patient:A Case Report

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Background:

Encapsulating peritoneal sclerosis(EPS) is a very rare but life threatening complication after peritoneal dialysis(PD) treatment more than 6-8 years. Most clinical presentation of EPS may be non specific such as nausea, vomiting, fullness, but some patients may presented with absence of bowel sounds or abdominal pain. The typical CT findings of EPS were peritoneal calcification, peritoneal thickening, bowel wall thickening, bowel tethering, lobulated ascites, and bowel dilatation. However, early detection and switch to hemodialysis, adding tamoxifen and steroid, monitoring if it is necessary to have enterolysis can still save the patient's life.

Case Presentation:

We report a 54 years old woman had PD treatment because of type 2 diabetes mellitus related end stage renal disease for 5 years. During this 5 years, there is no PD peritonitis episode and with well ultrafiltration under dextrose 2.5 % and dextrose 1.5% dialysate treatment. Three months before hospitalization, she started to have gradually poor appetite,new hypoalbuminemia, and CRP elevation. There is no fever, infectious evidence, gastrointestinal bleeding, nor malignancy been found. The CT revealed bilateral kidney atrophy only. Three months later, the first time turbid PD dialysate been found and without response to antibiotic treatment. All dialysate culture had no pathogen growth. Under suspicion of EPS, we empirical added prednisolone and tamoxifen whose dialysate analysis then revealed WBC improved. The laparoscopy was performed and noted intra-abdominal bowel adhesion and sclerosing change to peritoneal. After confirming diagnosis as EPS, we switched PD to hemodialysis(HD) and keep prednisolone with Tamoxifen for the patient. Until now, we already followed up the patient 10 months who with well nutrition condition,CRP back to normal and no more ascites growth.

Conclusions:

Culture negative PD peritonitis may be the early presentation of EPS. While CT without typical finding of EPS, laparoscopy can help for diagnosis. Early switching to HD with Tamoxifen and steroid treatment can save the EPS patient. Although EPS is a severe complication but it is very rare, most of the patient still with well life quality under PD treatment.