

피막성 경화성 복막염에서 저용량 타목시펜 장기 유지에 대한 예

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Encapsulating peritoneal sclerosis (EPS) is a major complication of peritoneal dialysis over 5 years. Total parenteral nutrition (TPN), corticosteroid, tamoxifen, and surgery are the main stay of treatment. However, there is no consensus on timing, dose, and duration of such medications. Tamoxifen used was 20 mg once or twice daily, and there are only a few reports of long-term tamoxifen therapy, at most within 12 months. We describe here a patient whose symptom improved progressively by long-term low-dose tamoxifen. A 48-year-old female with end-stage renal disease (ESRD) due to hypertension presented with abdominal pain. She had been maintained on CAPD for 37 months without signs of ultrafiltration failure. She had four previous episodes of peritonitis (Staphylococcus warneri, Staphylococcus epidermis, Staphylococcus warneri, and Staphylococcus haemolyticus) and umbilical herniorrhaphy 4 months prior to admission. The last peritonitis was 1 month prior to admission. We removed her peritoneal catheter on 8th days because of fungal peritonitis (Candida parapsilosis), and transferred to hemodialysis with antifungal agents for 14 days. After 11 months, she was transferred to our hospital due to intermittent abdominal pain. An abdominal CT showed enhancement/thickening of peritoneum, fluid loculation, and segmental small bowel dilatation. We started tamoxifen, 10 mg daily, but reduced the dose of tamoxifen, 10 mg/5 mg alternatively after two years, and reduced it again, 5 mg daily after two years due to leukocytopenia, 3,600 μ L and 3,400 μ L respectively. Within first year after diagnosis of EPS, she frequently presented with abdominal pain and palpable mass requiring admission and TPN. Progressively the subsequent episodes of abdominal pain and admission decreased. She has been symptom-free state since 12 months ago, and now on a normal diet and the normal nutritional and inflammatory markers (Table). After 6 months we will stop tamoxifen. We experienced that the long-term low-dose tamoxifen may have progressive beneficial effects on an EPS patient without any serious adverse events.

Key Words : 피막성 경화성 복막염, 타목시펜
Encapsulating Peritoneal Sclerosis, Tamoxifen

	Removal of PD catheter ^{a)}	Diagnosis of EPS ^{a)}	1yr ^{a)}	2yr ^{a)}	3yr ^{a)}	4yr ^{a)}	54 months ^{a)}
B. wt (kg) ^{a)}	50.2 ^{a)}	46.2 ^{a)}	41.8 ^{a)}	50 ^{a)}	50 ^{a)}	48.2 ^{a)}	48 ^{a)}
CRP (mg/dL) ^{a)}	18.5 (10/18 ; 21.6) ^{a)}	< 3.2 mg/dL ^{a)}	33.8 ^{a)}	0.39 ^{a)}	0.27 ^{a)}	0.43 ^{a)}	0.29 ^{a)}
Albumin (g/dL) ^{a)}	2.53 ^{a)}	3.2 ^{a)}	3.0 ^{a)}	3.8 ^{a)}	3.7 ^{a)}	3.8 ^{a)}	3.9 ^{a)}
Duration of TPN (days) ^{a)}	-- ^{a)}	-- ^{a)}	37 ^{a)}	12 ^{a)}	11 ^{a)}	0 ^{a)}	0 ^{a)}
Duration of Hospital admission (days) ^{a)}	18 ^{a)}	-- ^{a)}	47 ^{a)}	19 ^{a)}	19 ^{a)}	0 ^{a)}	0 ^{a)}
Frequency of Hospital admission (episodes/yr) ^{a)}	2 ^{a)}	-- ^{a)}	3 ^{a)}	1 ^{a)}	2 ^{a)}	0 ^{a)}	0 ^{a)}
Frequency of ER ^{a)} (visits/yr) ^{a)}	-- ^{a)}	4 ^{a)}	3 ^{a)}	1 ^{a)}	2 ^{a)}	1 ^{a)}	0 ^{a)}

Table 1. Diet, Nutritional and Inflammatory Markers during Long-term Tamoxifen Treatment.

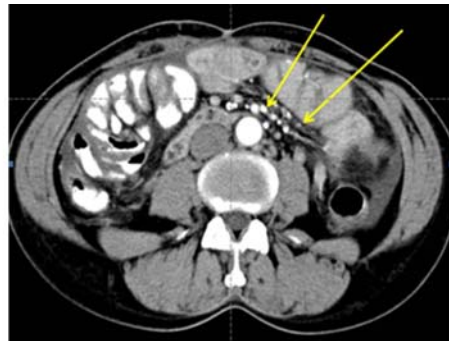


Fig. 1. Enhancement/thickening of peritoneum, fluid loculation, and segmental small bowel dilatation, suggestive of sclerosing peritonitis.