

## 복부 수술 병력이 있는 환아에서 복막투석을 위한 복막 용적의 평가

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### Evaluation of Peritoneal Capacity for Peritoneal Dialysis after Abdominal Surgery

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**Introduction:** The evaluation of peritoneal capacity before initiation of peritoneal dialysis (PD) in patients with history of abdominal surgery would be one of necessities for successful PD. We report on the evaluation of peritoneal capacity for PD in an 18-year-old-girl with previous abdominal surgery.

**Case:** When she was 3-year-old (15 years ago), she was diagnosed with chronic renal failure caused by neurogenic bladder and reflux nephropathy and nine years ago she received a renal transplant from a living-related donor, her father. At that time, renal transplantation was performed via transperitoneal approach. Seven years after kidney transplantation (when she was 16-year-old), hemodialysis was inevitably restarted because of loss of graft function with chronic allograft dysfunction and it was actually thought that PD would be a contraindication in this patient due to her history of a previous abdominal surgery. However, after careful consideration, the decision was made to evaluate the status of the peritoneal cavity with non-enhanced abdominal CT scan after filling of normal saline in abdominal cavity. First of all, an abdominal CT scan was performed before the filling of normal saline in the abdominal cavity and could not reveal any further information about peritoneal adhesion. After the filling of 2L normal saline in the abdominal cavity, the abdominal CT scan was checked and no adhesion in the peritoneal cavity was confirmed. 7 days later, the insertion of catheter was performed for peritoneal dialysis to her and there were no postoperative complications such as catheter malposition and obstruction. One month later, her adequacy of PD (weekly Kt/Vurea) was 1.99 and there was no outflow dysfunction during 11 months after the insertion of PD catheter.

**Conclusion:** We therefore suggest that confirmation of the status of peritoneal adhesion with abdominal CT scan after the filling of normal saline in the abdominal cavity can be a simple, useful method to evaluate peritoneal capacity for PD in patients, especially who have previously undergone abdominal surgery.

**Key Words:** 복막 용적, 복막 투석, 복막 유착

Peritoneal capacity, Peritoneal dialysis, Peritoneal adhesion