

복막투석 환자에서의 피막성 복막염의 치료

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A Case of Sclerosing Encapsulating Peritonitis Treated with Enterolysis after Failure of Medical Treatment

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Introduction: Sclerosing encapsulating peritonitis (SEP) is a rare but a life-threatening complication of peritoneal dialysis. The pathophysiology of SEP is excess fibrosis, which induces an encasement of the small bowel, resulting clinically in bowel obstruction and malnutrition. Although glucocorticoid and tamoxifen have been used for the treatment of SEP, some patients complicated with prolonged bowel obstruction need surgical treatment such as laparotomy and enterolysis. But mortality risk of such surgical treatment is known to be very high. Here we report a case of SEP which appeared one month after switching to hemodialysis from peritoneal dialysis, successfully treated with laparotomy and enterolysis.

Case: A 60-year-old female came to our hospital with nausea, vomiting, abdominal distension for 3days. Peritoneal dialysis was started due to diabetic end-stage renal failure 10 years ago. She has suffered from seven times of peritonitis during 10 years of peritoneal dialysis. Blood pressure was 113/50 mmHg, Heart rate 103, respiratory rate 20, body temperature 36.7°C at the time of admission. Her consciousness was clear but complained of generalized weakness. The complete blood counts showed hemoglobin 7.9 g/dl, WBC 26,200 cells/ μ L, and platelet 329,000/ μ L. The results of blood chemistry were as follows: AST 17IU/L, ALT 6IU/L, total protein 5.9 g/dL, albumin 2.1 g/dL, BUN 13.2 mg/dL, creatinine 03.72 mg/dL. Serum sodium, potassium and chloride were 141 mEq/L, 3.3 and 104 mEq/L. C-reactive protein was 16.7 mg/dL. On arterial blood gas analysis, pH was 7.43, PaO₂ 68 mmHg, PaCO₂ 41 mmHg, bicarbonate 17.2 mEq/L and O₂ saturation 94%.

Abdominal pelvic CT showed typical finding of SEP as massive ascites and peritoneal thickening and encapsulating bowel loops like cocoon. She took prednisolone and tamoxifen for 8 weeks. Finally, she got partial peritonectomy and total enterolysis because there was no improvement of ileus and malnutrition. She recovered dramatically after surgery.

Key Words: 경화성 복막염, 복막투석, 제2형 당뇨
Encapsulating peritonitis, CAPD, T2DM