

복막투석 도관 전이에 대한 보존적 치료의 효과

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Rigorous Catharsis by Oral Lactulose Is Highly Effective in Restoring a Migrated Peritoneal Catheter

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Introductions: Displacement of peritoneal dialysis (PD) catheter has known for the major cause of catheter malfunction in continuous ambulatory peritoneal dialysis patients because the success rate of conservative treatments to restore catheter migration has been reported to be relatively low.

Aims: We designed this study to evaluate the effect of conservative treatment using a rigorous catharsis in restoring a migrated PD catheter in CAPD patients following percutaneous implantation without break-in procedure.

Methods: ESRD patients who initiated PD is from January 2003 to February 2012 in our hospital were enrolled in this study. All catheters (double-cuffed Tenckhoff catheter with a straight intraperitoneal segment; swan-neck 28, non-swan-neck 114) were inserted using a modified percutaneous placement method under local anesthesia. PD was initiated immediately after the catheter insertion without a break-in period. The catheter tip migration was documented by abdominal radiography. Abdominal radiographic examination was performed everyday in the first week after catheter implantation, once every other day during the second week, and monthly from the second month. When the catheter migration was documented, rigorous catharsis was induced by the administration of oral lactulose with/without enema.

Results: The migration rate of PD catheter was 19.7% (28 catheters). Left upward migrations were significantly more common than right upward migrations (77.7% vs. 22.2%, $p < 0.05$). The rates of catheter migration of swan-neck catheters and non-swan-neck catheters were 22.2% and 13.2%, respectively ($p > 0.05$). Diminished outflow volumes were accompanied in only 14.9% (4 of 28 catheters) of catheter migration. After vigorous catharsis using oral lactulose, successful restoration of PD catheter migration was achieved in 96.4%. Only one case, which could not be repositioned by non-invasive methods, needs catheter change to correct outflow failure due to catheter migration.

Conclusions: Migration of PD catheter, even though the catheter tip translocated into right upper abdomen, could be easily corrected by a rigorous catharsis with oral lactulose.

Key Words: 복막투석, 도관
Peritonral dialtsis, Catheter