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Dialysis

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OUTCOME OF PERITONEAL DIALYSIS IN END STAGE RENAL DISEASE WITH LIVER CIRRHOSIS: PROPENSITY SCORE MATCHING STUDY

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Background: Clinical results of long-term peritoneal dialysis (PD) therapy in patients with liver cirrhosis (LC) and end-stage renal disease (ESRD) are controversial. The aim of the study is to evaluate the outcome of PD patients with LC

Methods: Clinical records were retrospectively collected from a single center between January 2007 and December 2014. An analysis of PD patients with LC and without liver disease was performed using propensity score matching methods. We further restricted matching within the same age, gender, and presence of diabetes. After propensity matching, 2 cohorts of 33 patients each were identified. Early technical complication was defined as the presence of catheter related complications, including malposition, leakage, omental wrapping, obstruction and transfer to hemodialysis (HD) within 6 month initiating PD

Results: Mean PD duration was lower in LC patients (686.4 ± 552 days) compared to control (1029.5 ± 769.9 days). Early technical and patient outcome, such as death, kidney transplantation (KT), or transfer to HD during maintaining PD were similar in the LC patients and controls. BUN, creatinine and albumin levels were significantly lower in LC patients compared to control group. In LC patients, complications within 6 month initiating PD were malposition (15.2%), omental wrapping (9.1%), and leakage (3.0%). Incidence of peritonitis in the two patients was not significantly different, but peritonitis was an important cause of transfer to HD in LC patients. There were not significant differences in incidences of technical complication and patient outcomes according to break-in period. Ascites were easily controlled and hepatic encephalopathy was not problems for PD maintenance in LC patients

Conclusion: The outcome of PD, risk for technical complication within 6 month initiating PD and peritonitis are not worsened but PD duration was shorter by the presence of LC in PD patients. Careful consideration of the occurrence for peritonitis may be helpful for improving technical survival in PD patients with LC, and further studies are necessary.

Keywords: LIVER CIRRHOSIS, PERITONEAL DIALYSIS