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The recovery of peritoneal–pleural leak by modality–change of peritoneal dialysis in patient undergoing peritoneal dialysis

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Case Study : Introduction: Peritoneal–pleural leakage is uncommon complication in the peritoneal dialysis. This complication is usually not life–threatening, however, the exact pathophysiologic mechanism and proper management remain to be definitely cleared. Herein, we report an interesting case of peritoneal–pleural leak completely resolved in only one month after switching to automatic peritoneal dialysis (APD) with small dwell volumes.

Case report : A 29–year–old female revisited our emergent department with symptom of exertional dyspnea. The symptoms were gradually aggravated during a few weeks. She initiated a peritoneal dialysis 4 weeks ago, and a result of peritoneal equilibration test showed high–average transporter. Her vital signs were stable and her serum laboratory data were also within normal range except serum creatinine and urea. Chest X–ray showed right–sided pleural effusion. Consequently, we performed a thoracentesis. The result of fluid analysis showed transudate, and a glucose of the pleural fluid was prominently high compared to plasma glucose. Diffuse increased uptakes in right hemithorax on Tc–99 DTPA scintigraphy was shown at 24 hours after the isotope administration (Fig. 1). Her permanent catheter was recently removed. So, we considered membrane–interruption for short time to manage the leak. We changed to APD based on small dwell volumes without daytime dwelling. Her symptoms were completely improved soon.

Discussion : Peritoneal dialysis can make several problems including peritoneal–pleural leaks, hernias, and encapsulating sclerosis. The managements of dialysate leak mainly consist of non–invasive and invasive methods. Firstly, most physicians try to apply non–invasive method such as interruption of peritoneal dialysis for about 4~6 weeks. this patient would like to continue peritoneal dialysis, so, we switched to APD. After the switching modality of peritoneal dialysis, her symptoms were completely improved. An intermittent resting as well as a full resting of peritoneal membrane may be also a good option for management of peritoneal–pleural leak.

Keywords : Peritoneal–pleural leak, Peritoneal dialysis, End–stage renal disease