KSN 2018
Seoul, Korea · May 17 - 20

Abstract Type : Poster
Presentation No. : PTL 020

Successful renal transplantation for a peritoneal dialysis patient with peritoneal fibrosis

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Introduction

Peritoneal fibrosis is a common morphological change in peritoneal dialysis patients. With the progression of Peritoneal fibrosis, peritoneal membrane function is impaired, which leads to ultrafiltration failure. Furthermore, peritoneal fibrosis is an essential precursor condition for the development of encapsulating peritoneal sclerosis (EPS). We present a case of successful transplant about CAPD patient with peritoneal fibrosis.

Case

46-year-old woman, she diagnosed chronic glomerulonephritis on 1997. She started hemodialysis on 1997 due to end stage renal disease and changed peritoneal dialysis on 2004.
She underwent deceased donor kidney transplantation on November 2, 2017. HLA typing shows 4/6 mismatch. Before kidney transplantation, we performed abdominal non- enhaced CT and could find fibrosing peritoneal calcifications along small bowel loops. But she had no gastrointestinal symptom, so we have undergone transplant operation.
From the six day of transplantation, Serum creatinine decreased from 8.4 to 1.2 mg/dl. But for 2 months after surgery, abdominal distension and peritoneal fluid were incrreased. At that time she complained dyspepsia and constipation. Abdomen CT showed fibrosing peritoneal calcification of the small intestine and increasing peritoneal fluid collection. Conservative treatment was provided with oral hydration and laxative.
3months after surgery, Abdominal CT showed fibrosing peritoneal calcification still present, but peritoneal fluid was decreased.
Patient improved clinically in follow up and graft function was normal.

Conculusion

Kidney transplantation needs to be considered in peritoneal dialysis patients with peritoneal fibrosis.