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**Outcomes of surgical management of encapsulating peritoneal sclerosis:
case series from single center in Korea**

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Objectives: Encapsulating peritoneal sclerosis (EPS) is rare but near-fatal complication of peritoneal dialysis (PD). Although mortality in EPS patients is high, neither preventive management nor effective therapeutic guideline has been established yet. We reviewed outcomes of EPS cases which received surgical management.

Methods: This retrospective study included patients who underwent laparotomy and enterolysis for intractable EPS at Seoul National University Hospital between 2001 and 2018. The EPS was diagnosed by clinical symptoms and radiologic findings on abdominal CT scans. CT scan was scored according to the previously described EPS scoring system including peritoneal thickening, bowel thickening, peritoneal calcification, bowel tethering, loculation, and bowel dilatation.

Results: A total of 13 patients received enterolysis for severe EPS. The median age was 48 (29-63) years and 9 patients were male. The median treatment duration of PD was 11 (6-21) years. Two patients were newly diagnosed as EPS after transplantation. Five patients died early after operation because of infectious complication. Eight patients survived after the 1st surgical treatment, then, 4 of these patients survived more than 2 years. These 4 long-term survivors were all male, younger than 60 years old and showed relatively low CT scan score ($5 < \text{score} < 13$). The other 4 patients died of post-operative complications such as persistent infection, fistula formation, or adhesive bowel obstruction. PD duration showed no correlation with survival and overall survival was just 30.7% (4/13).

Conclusions: The high mortality of EPS suggests importance of regular monitoring of EPS using CT scan and appropriate surgical intervention in young, male symptomatic EPS patients with relatively low EPS score.