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PERITONIAL DIALYSYS CATHETER RELATED RARE COMPLICATION: VESICO-PERITONEAL FISTULA

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Case Study : Introduction: The global burden of chronic kidney disease (CKD) is steadily increasing, with more patients requiring dialysis than previously projected. As peritoneal dialysis (PD) becomes more widely used, associated complications are reported more frequently. While fistulas between the bladder and peritoneal cavity may occur after abdominal or urinary trauma, they are rare following abdominal surgery. We report the first documented case in Mongolia of a chronic cystoperitoneal fistula developing after surgical placement of a PD catheter. Case Presentation: A 34-year-old woman with chronic glomerulonephritis and CKD stage 2–3 diagnosed in 2013 progressed to end-stage renal disease in 2022. After starting hemodialysis, she underwent PD catheter placement in October 2022 and began continuous ambulatory PD. Her course was complicated by two episodes of peritonitis. In December 2024, she developed an upper respiratory infection treated with amoxicillin-clavulanate, but her condition deteriorated, requiring hospitalization and transfer to a tertiary center. In January 2025, she experienced uncontrolled leakage of up to 1,000 mL of dialysate from the urethra. Reducing infusion volumes provided only temporary improvement, and leakage recurred even at 300 mL, necessitating discontinuation of PD. CT imaging showed peritoneal thickening, while fluoroscopy with intraperitoneal contrast demonstrated contrast tracking to the right lateral bladder wall with rapid urethral leakage. She was oligoanuric (≤50 mL/day) and reported intermittent turbid urine. The PD catheter was removed surgically, the peritoneal cavity irrigated, and drainage placed. Leakage resolved and ultrasound findings normalized. However, three months later she developed a diffuse pulmonary abscess and died from septic shock. Autopsy revealed no residual anatomical fistula. Conclusion: Delayed presentation makes direct surgical injury unlikely. The fistula likely developed gradually due to recurrent intra-abdominal infection. In oligoanuric PD patients, subtle symptoms may delay diagnosis and treatment.