KSN 2021
FULLY VIRTUAL MEETING
September 02 (Thu) - 05 (Sun)

Abstract Submission No. : 2291

Successful blockage of a pleuro-peritoneal fistula using pleurodesis in an elderly PD patient

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Case Study: Pleural effusions and hydrothorax are uncommon complications in patients undergoing peritoneal dialysis. These complications generally occur when peritoneal dialysate rises up the diaphragm as the abdominal pressure rises, and high concentrations of glucose are detected in pleural effusion. A pleuro-peritoneal fistula is treated using thoracoscopic surgery or pleurodesis. This study describes how pleurodesis was used to treat a pleuro-peritoneal fistula in an 86-year-old patient whose glucose level in pleural fluid was similar to that in serum.
A patient visited our hospital due to dyspnea that started a day earlier. The patient had been undergoing nocturnal intermittent peritoneal dialysis for 2 years due to acute kidney injury that developed after digesting noni. There was massive right pleural effusion unlike before. To improve the patient's symptoms, the chest tube was inserted, and she was switched to hemodialysis. At that time, the glucose concentration of her pleural fluid was 140 mg/dL, which showed no significant difference from her serum level of 150 mg/dL. No peripheral edema was observed in the patient, and the echocardiography that was performed to differentiate the cardiac origin showed no specific findings. A pleuro-peritoneal fistula was found in the CT peritoneography, and accordingly, pleurodesis using Viscum album was performed. After 6 weeks of pleurodesis, the follow-up CT peritoneography confirmed that the fistula had disappeared, and the patient successfully resumed automated peritoneal dialysis (APD). After the resumption of the APD, it was well maintained without recurrence of the pleuro-peritoneal fistula.
Although this patient's glucose level in the pleural fluid was not high, a pleuro-peritoneal fistula was diagnosed through CT peritoneography, and APD was maintained by successfully treating the fistula using a conservative method using pleurodesis.