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Long term outcome of Tamoxifen Therapy for Prevention and Management of Encapsulating Peritoneal Sclerosis in CAPD Patients: A Single-Center experience

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Objectives : Encapsulating peritoneal sclerosis (EPS) is a rare but severe complication of CAPD. Tamoxifen has been used for the prevention and treatment of EPS; however, its long-term outcomes have not been clearly evaluated in previous studies.

Methods : We conducted a single-center retrospective study of 30 adults with prior CAPD and at least one episode of CAPD peritonitis who subsequently received tamoxifen either prophylactically for EPS risk (n=10, 33.3%) or therapeutically for suspected or confirmed EPS or EPS-related symptoms (n=20, 66.7%). Clinical records were reviewed for tamoxifen indication, dose, duration, symptom course, imaging findings, transition from CAPD to HD, kidney transplantation, and survival status at last follow-up.

Results : Tamoxifen was started at 10–20 mg/day in all 30 patients, and treatment duration exceeded 6 months in 22 (73.3%). Among 21 symptomatic patients, abdominal pain, distension, ileus, or refractory ascites improved in 13 (61.9%), usually within 1–3 months of tamoxifen initiation. Follow-up imaging was available in 20 patients (66.7%), showing EPS progression in 6 (30.0%), stability in 9 (45.0%), and improvement in 5 (25.0%). In the prophylaxis group (n=10), definite EPS developed in 1 patient (10.0%) during long-term follow-up. After CAPD discontinuation, 11 patients (36.7%) remained on HD and 6 (20.0%) were alive with a functioning kidney transplant while 13 (43.3%) had died at last contact from various causes.

Conclusions : In CAPD patients at risk of or affected by EPS, tamoxifen therapy was associated with symptom improvement in 13 of 21 symptomatic patients (61.9%) and radiologic stability or improvement in 14 of 20 (70.0%), whereas only 1 of 10 prophylactically treated patients (10.0%) developed definite EPS during follow-up. These findings suggest that tamoxifen may offer meaningful clinical benefit in both the prevention and management of EPS. Larger controlled studies are needed to confirm its preventive and therapeutic value.