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Preserving Peritoneal Membrane Function

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Twenty-five percent of peritoneal dialysis (PD) patients who discontinue PD do so because of membrane dysfunction- problems with ultrafiltration or solute clearance. In this review, I will briefly summarize the physiology and pathophysiology of the peritoneal membrane and then discuss strategies for the preservation of its function. Inhibition of the renin-angiotensin- aldosterone system is the only currently available maneuver with proven efficacy to prospectively benefit peritoneal membrane function. The evidence in favor of neutral pH fluids low in glucose degradation products is equivocal, and the potential benefits of icodextrin, steady-state glucose concentration, or incremental PD are unknown. Resting the peritoneal membrane after the development of UF failure does appear to be beneficial. There are several promising potential strategies for preservation of peritoneal membrane function currently under investigation. These include the use of alanyl-glutamine as an additive to PD fluid, the systemic administration of a sodium- glucose transport 2 inhibitor to decrease glucose absorption, and the use of a combination of xylitol and carnitine as an alternative to glucose- based PD fluid. Each of these will be discussed in detail.

Keywords: Peritoneal membrane preservation, RAAS inhibition, Alanyl glutamine, SGLT2 inhibition, Xylocore