

Laparoscope Is a Useful Tool for Reducing and Drawing off a Peritoneal Dialysis Catheter in Peritoneal Dialysis Patients



To the Editor: In patients in whom decannulation of the peritoneal dialysis (PD) catheter is being considered, the laparoscopic method may provide useful information versus traditional methods of removal without visual guidance. Recently, laparoscopic examinations have been increasingly used for PD patients, to confirm a diagnosis of encapsulating peritoneal sclerosis through their ability to reveal the characteristic gross thickening of the peritoneum.¹ Tanno *et al.* reported on the laparoscopic findings in a long-term PD patient with encapsulation, including computed tomography² in the absence of symptoms.

We utilized laparoscopic removal of the PD catheter in 2 patients, both men, who had been undergoing PD for 11 years and 7 years, respectively, and had experienced ultrafiltration failure. Laparoscopic

To conclude, for patients scheduled to undergo PD catheter removal, an evaluation of the abdominal cavity by a laparoscope can provide more detailed information about peritoneal injury and guide the surgeon to safely remove the PD catheter. Moreover, the occurrence of typical lesions of encapsulating peritoneal sclerosis may provide prognostic information.

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DISCLOSURE

All the authors declared no competing interests.

REFERENCES

1. Kawaguchi Y, Saito A, Kawanishi H, et al. Recommendations on the management of encapsulating peritoneal sclerosis in Japan, 2005: diagnosis, predictive markers, treatment, and preventive measures. *Perit Dial Int.* 2005;25:83–95.
2. Tanno Y, Yokoyama K, Hosoya T. Laparoscopic approach for the evaluation of peritoneal injury. *Kidney Int.* 2012;82:244–245.

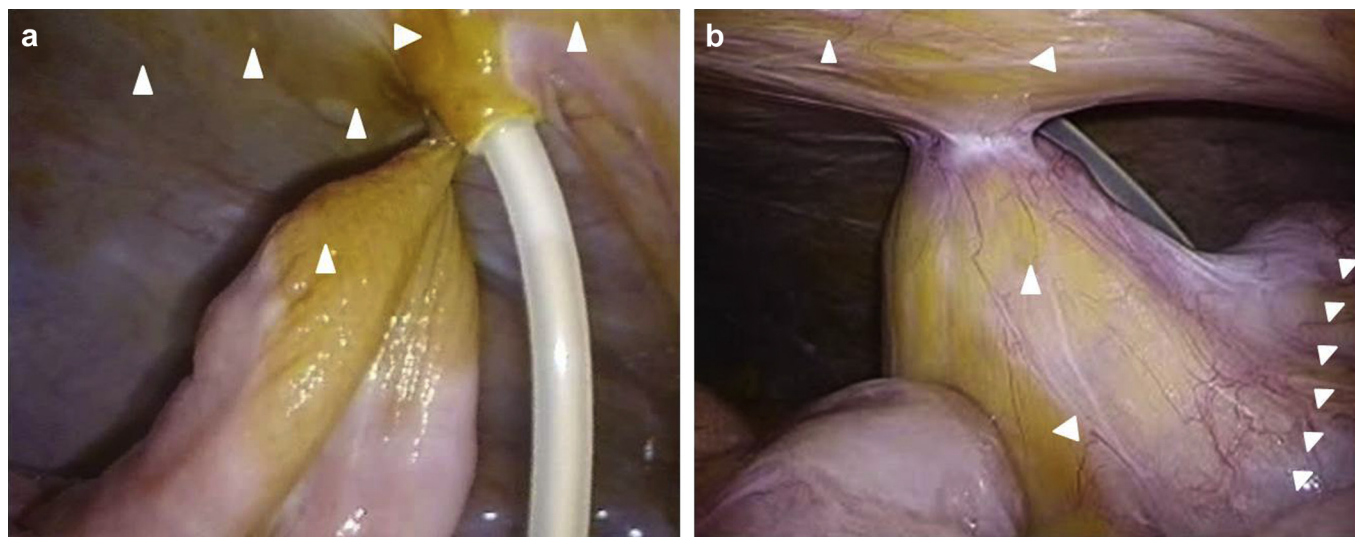


Figure 1. Laparoscopic findings of the abdominal cavity. (a) Focal findings compatible with peritoneal sclerosis, with caramel changes (arrowheads) and adhesion of intestinal tract to peritoneal dialysis (PD) catheter in the abdominal cavity. (b) Focal fibrotic encapsulation (small arrowheads) of the small intestine with caramel changes (arrowheads) and adhesion of intestinal tract to PD catheter in the abdominal cavity.

findings in these 2 patients are shown in Figure 1, a and b. These cases suggest that peritoneal adhesions can occur focally and blind decannulation of the PD catheter may risk injury to the intestinal tract. In both patients, the PD catheter was removed safely. Patient 1 developed symptoms and signs of encapsulating peritoneal sclerosis 2 years later.

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