

Peritoneal Dialysis Complicated by Sclerosing Peritonitis

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A woman in her 40s was admitted to the hospital for 2 months with abdominal distension after 6 years of peritoneal dialysis. Two months earlier, the patient presented with fever, abdominal pain, turbidity of peritoneal dialysis fluid, and decreased peritoneal dialysis ultrafiltration. Routine examination of peritoneal dialysate suggested elevated nucleated cells, dominated by neutrophils, and no displacement of the peritoneal dialysis catheter. Yeast had been reported twice in the peritoneal dialysis catheter and twice in the peritoneal dialysate cultures; thus, the patient was diagnosed with fungal peritonitis. After the diagnosis, the peritoneal dialysis catheter was removed and a temporary central venous catheter was placed for hemodialysis. Subsequently, a forearm

arteriovenous fistula was created. In the 2 months after the initial presentation, the patient continued to report abdominal distension and loss of appetite. Abdominal enhanced computed tomography showed peritoneal thickening, mesenteric calcification (blue arrows indicate: A: omentum thickening, B: mesenteric calcification) and beading of the entire small intestine. The patient was diagnosed with sclerosing peritonitis and was given oral prednisone acetate 0.5 mg/kg. The patient continued regular hemodialysis, and her symptoms improved.

ARTICLE INFORMATION

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