

[ PICTURES IN CLINICAL MEDICINE ]

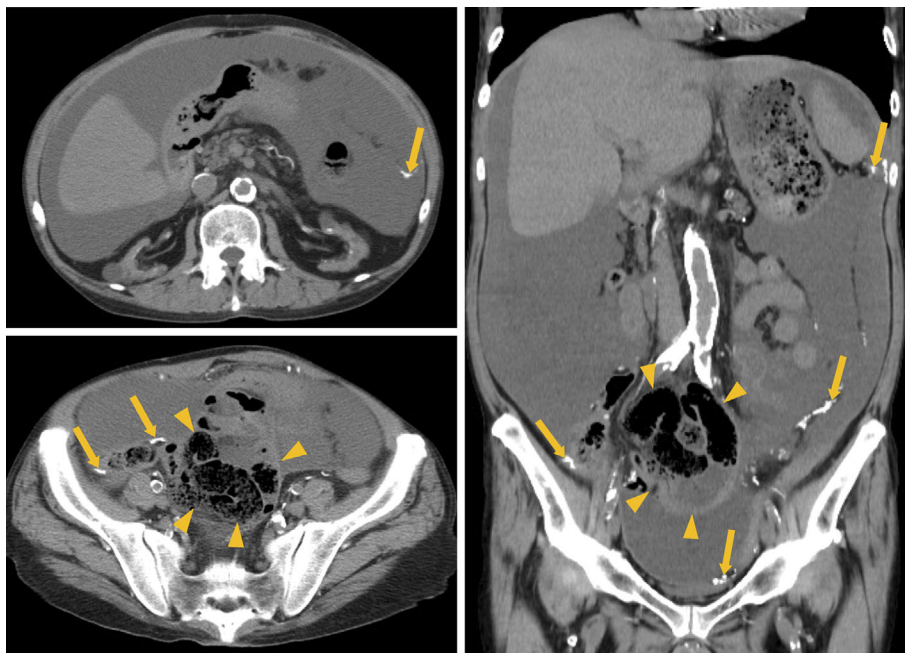
## Encapsulating Peritoneal Sclerosis after Long-term Peritoneal Dialysis Treatment

Keizo Tanitame

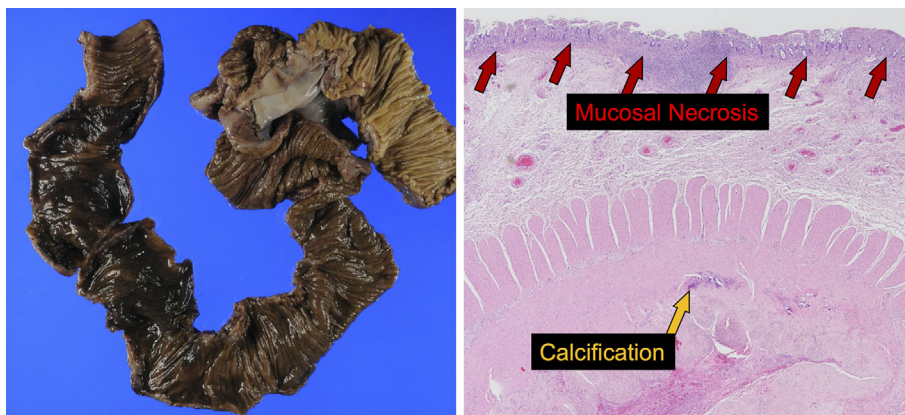
**Key words:** continuous ambulatory peritoneal dialysis, clustered bowel loops, small bowel feces sign, encapsulating peritoneal sclerosis

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Picture 1.



Picture 2.

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A 56-year-old man presented with lower abdominal pain. He had a history of continuous ambulatory peritoneal dialysis (CAPD) for 6 years and recurrent bacterial peritonitis. Physical examination revealed a fixed and non-pulsatile mass in the central lower abdomen. Laboratory tests showed a slightly elevated C-reactive protein level and significantly elevated serum creatinine and blood urea nitrogen levels. A computed tomography (CT) scan (Picture 1) revealed a huge amount of ascites, peritoneal thickening and calcifications (arrows), and clustered bowel loops and small bowel feces sign in the lower abdomen (arrowheads). Small bowel obstruction due to encapsulating peritoneal sclerosis (EPS) was diagnosed. Approximately 100 cm of his necrotic ileum encapsulated by a thick visceral peritoneum was removed during emergency surgery (Picture 2). After the surgery, he had chronic diarrhea associated with short bowel syndrome and received total parenteral nutrition until he died from heart

failure. EPS is a rare but serious complication in patients receiving long-term CAPD (1). CT scans are useful for making an early diagnosis of EPS (2).

**The author states that he has no Conflict of Interest (COI).**

### References

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