

中文題目：包囊性腹膜硬化症發生於一位腹膜透析僅兩年的患者: 案例報告

英文題目：Encapsulating Peritoneal Sclerosis in a Patient only had PD for 2 years:A Case Report

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### **Background:**

Encapsulating peritoneal sclerosis(EPS) is a rare but high mortality complication of peritoneal dialysis(PD). The duration of time on peritoneal dialysis(most patient happen after PD treatemnt 6-8years), PD peritonitis, higher dialysate glucose concentration are most well known risk of EPS. The early signs of EPS are non specific gastrointestinal symptoms, and the late symptoms may reveal poor nutrition, hypoalbuminemia, severe ileus and poor ultrafiltration of PD. The typical CT findings of EPS are peritoneal calcification, bowel wall and peritoneal wall thickening, bowel tethering, lobulated ascites, and bowel dilatation. Stop PD and switch to HD accompany with oral tamoxifen and steroid treatment is the major treatment for EPS. Surgical treatment with enterolysis can be a choice depending on patient's clinical dontion.

### **Case Presentation:**

We report a 28 years old woman had PD treatment because of type 1 diabetes mellitus and dilated cardiomyopathy related end stage renal disease for 2 years. During this 2 years, the patient with PD treatment as balance PD solution dextrose 2.3% x2000ml x 3 times and icodetrin 7.5% 2000ml over night. She took bisoprolol and entresto for HTN and heart failure treatment. There is no PD peritonitis episode within these two years. She transferred to HD due to her new home without space for PD dialysate storage. Around 4 months later, she had massive ascites 700-1000cc/day accompany with progressive poor appetite. She had several evaluation for the etiology of ascites but all cannot well explain above condition. Massive ascites growth still noted even after frequent albumin infusion and increasing ultrafiltration during HD. Therefore, she was transferred back to our hospital where laparoscopy revealed multiple erythematous patch over abdominal wall, omentum , and intestine accompany with neovasculariztion. Under diagnosis of EPS, we added tamoxifen and steroid treamtent whose ascites volume then gradually decreased. However, due to COVID-19 pandemic condtion, she lost follow up and out off medication for 7 months who then had massive ascites again(1500ml/dar) and improved after adding back tamoxifen and steroid.

### **Conclusions:**

Our EPS case only with 2 years PD treatment which is not similar to most cases with longer PD duration. Some reports suggested beta blockers inhibit peritoneal surfactant release which may induces peritoneal sclerosis. Howevee, there are lots of PD patient with heart failure under betablocker treamtent seems didn't obviously increase the frequency of EPS in our center. There may be other interesting mechanism behind our knowledge of EPS and worth for more research. Our case also pointed out the importance of tamoxifen and steroid role in treatment of EPS. The challenge of EPS patient's adherence to tamoxifen and steroid is an important issue.