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SHARING EXPERTISE

PATIENT'S STRUGGLE FOR PERITONEAL DIALYSIS DESPITE OF COMPLICATIONS

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BACKGROUND

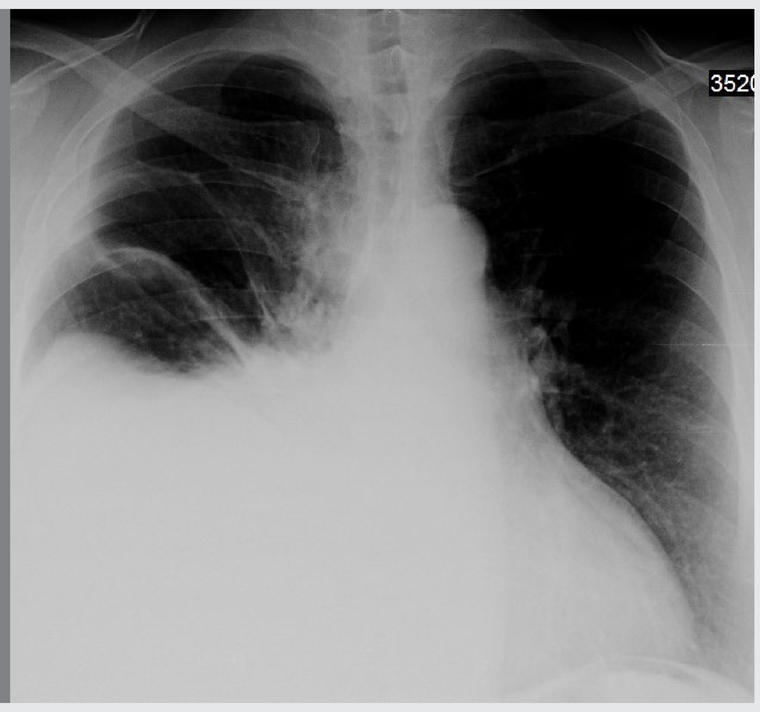
Hydrothorax is a serious complication of peritoneal dialysis (PD). It affects about 2% of all patients started on PD and in many cases leads to technique failure. Over the last decade or so video assisted thoracoscopy (VATS) made it possible for a number of PD patients developing hydrothorax to continue the treatment following endoscopic surgery. The pleuro-peritoneal leak can be sealed preventing further movement of the dialysis fluid into the chest.

THE PATIENT

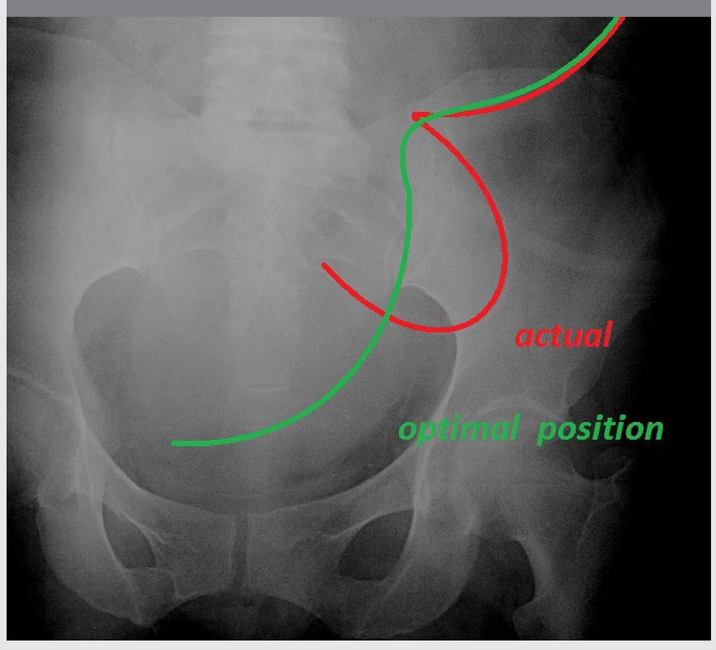
We present the case of a 49 year old patient who was diagnosed with hypertension and nephrosis syndrome in 2006. Kidney biopsy revealed chronic glomerulonephritis due to FSGS, resistant to immunosuppressive therapy. Kidney function has gradually declined over the following years and reached ESRD requiring renal replacement therapy in Aug 2013. Patient has decided on PD modality.

AUG 2013
Patient was unfit for PD at this point and had to start on HD due to generalized edema. Over 2 months 22,5L excess fluid was removed, patient became euvolemic and PD catheter was inserted.

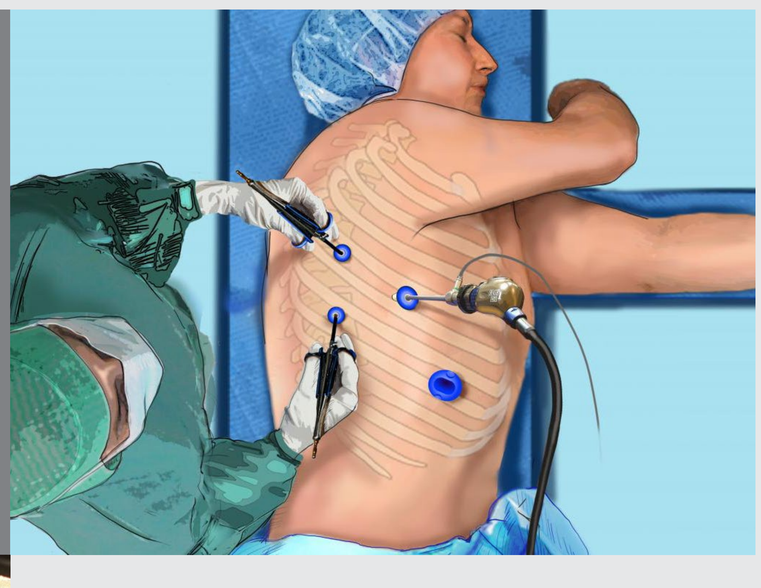
OCT 2013
Patient switched to peritoneal dialysis as it was her primary choice of dialysis modality. Everything goes well... for a while.



JAN 2014
Patient presents with dyspnoe and chest X-ray reveals sudden onset of right sided hydrothorax requiring tapping and temporary cessation of the peritoneal dialysis exchanges. During this resting period the PD catheter has dislodged and required surgical replacement (see x-ray with optimal and actual catheter position indicated).



FEB 2014
Back on PD, but the right sided hydrothorax reoccurred in a few weeks. This time thoracic surgery was consulted and decision was made to perform Video Assisted Thoracoscopy in order to seal the pleuro-peritoneal leak. First attempt was not successful and the intervention was repeated within 2 weeks.



JUNE 2014
Hydrothorax returns again and patient was referred again to thoracic surgery. This time open chest surgery was performed with diaphragmatic pleurectomy and pleurodesis in order to seal off the entire diaphragmatic surface of the right chest cavity. As a consequence of the procedure the patient had moderate thoracic discomfort for several weeks after the surgery.

AUG 2014
Hydrothorax is back for the fourth time. Despite all the torment she had gone through so far, the patient was willing to undergo yet another surgery just to be able to stay on PD, but this time the surgeon turned her down. Medical decision was made to convert her dialysis treatment to HD permanently.

SUMMARY

The patient decided on PD as her choice of dialysis and she was so determined, that she was willing to undergo even more interventions to be able to stay on PD. After 10 months of struggle for PD, finally, medical decision was made to give up the modality and the Tenckhoff catheter had to be removed. The patient needed to go onto the „unwanted" hemodialysis (HD) in order to maintain adequate treatment. Despite her unsuccessful fight she did not give up, performed well on HD and finally received cadaveric kidney transplant after 2 years of dialysis.