

Encapsulating Peritoneal Sclerosis: A Rare Complication of Peritoneal Dialysis

A 50-year-old female with Alport syndrome and end-stage renal disease was started on peritoneal dialysis (PD) 6 years earlier. The patient presented with recurrent episodes of abdominal pain and distension. Serial computed tomography of the abdomen showed progressive thickening and calcifications of the peritoneum consistent with encapsulating peritoneal sclerosis [Figures 1 and 2]. The PD catheter was removed, and the patient was shifted to hemodialysis.



Figure 1: (a) Axial computed tomography image 5 years after initiation of peritoneal dialysis shows the peritoneal dialysis catheter with no peritoneal calcification. (b and c) Axial computed tomography images show extensive peritoneal calcification

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Figure 2: Abdominal radiograph shows extensive peritoneal calcifications engulfing the small-bowel loops

Encapsulating peritoneal sclerosis is uncommon, but serious complication of continuous ambulatory PD with increasing prevalence with longer duration of PD approaching 20% after 8 years. Encapsulating peritoneal sclerosis is associated with high morbidity and mortality (56%) due to bowel obstruction, and it may clinically manifest with recurrent abdominal pain, prolonged dialysis sessions, hemoperitoneum, and dialysis failure.^[1,2]

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Conflicts of interest

There are no conflicts of interest.

References

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