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**Cadaveric Related Kidney Transplantation: A Rare Conclusion of Therapy by PD—Case Study**

Kidney transplantation is the most effective therapy for the end-stage renal disease patient. Apart from cases of living related transplantation, the timing of the graft cannot be planned, and the patient must always be ready for surgery. Success depends on a combination of several factors. One is the education of patients and their relatives about kidney transplantation options.

Here, we present a case study of a 48-year-old patient with chronic renal failure from chronic glomerulonephritis, treated by peritoneal dialysis (PD) since August 2002. The patient was placed on the transplant waiting list the same year. During 49 months of dialysis (continuous ambulatory PD, automated PD), the patient was free of episodes peritonitis and exit-site infection.

An extensive cerebrovascular event—a fatal condition in a 44-year-old sister of the patient—led the family to approach the tragic situation realistically. The result was a successful transplantation of a cadaveric kidney from the deceased sister to the brother. The APD therapy was concluded effectively.

Kidney transplantation from a relative following a brain death is a rare combination. From the medical viewpoint, it is not exceptional, but the uniqueness rests in the ethical dimension and complex management of the situation.

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**Noninfectious Complications of CAPD and Their Impact on Technique Survival**

**Background:** Data on non-infectious complications of continuous ambulatory peritoneal dialysis (CAPD) are well documented, but particularly from developing countries.

**Objectives:** To describe the occurrence of noninfectious complications of CAPD and their possible impact on technique survival.

**Methods:** We studied the spectrum of noninfectious complications of 45 end-stage renal disease patients (31 men, 14 women; mean age 54.5±11.6 years) undergoing CAPD treatment. Double-cuff Tenckhoff catheters were inserted in all patients using a surgically inserted and regular CAPD was started on day 15 of catheter insertion. The occurrence of noninfectious complications was noted during patient follow-up.

**Results:** Overall, noninfectious complications were noted in 11 of 45 cases. The most common complication followed by exit-site leak (14.4%), abdominal hernia (6.6%), hydrops (4.4%), scrotal swelling (2.2%), hemoperitoneum (2.2%), and malposition (4.4%). Functioning catheters were removed in 6 (13.3%) cases caused by refractory (n=4) and fungal (n=2) peritonitis. A total of herniotomy was performed and the patient died. Right hydrothorax occurred within the 1st month of CAPD because of diaphragm defect that was successfully treated with pleurodiastasis (n=5). The 1st week of CAPD therapy; scrotal swelling and abdominal hernia occurred late (12-24 months). Patients with ultrafiltration failure were treated to hemodialysis (n=3), and 2 underwent renal transplantation. Thirteen patients (72%) developed noninfectious complications, which did not affect catheter survival.

**Conclusions:** Noninfectious complications occurred in 40% of patients, and ultrafiltration failure was the most common complication. Most noninfectious complications (72%) did not affect catheter survival.