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Role of surgery in encapsulated peritoneal sclerosis with refractory ascites after renal transplantation

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Background: Peritoneal dialysis (PD) is a widely used renal replacement therapy allowing end stage renal disease patients. A major complication of PD is the progressive transformation of the peritoneum with long-term PD. Signs of peritoneal fibrosis are detected in 50%–80% of patients within 1 to 2 years on PD. In severe case, a critical and life-threating complication may develop known as encapsulating peritoneal sclerosis (EPS). EPS is a rare clinical syndrome characterized by an acquired inflammatory fibro-collagenous membrane encasing the small intestine, resulting in symptoms of bowel obstruction. It is defined as "a syndrome continuously, intermittently, or repeatedly presenting with symptoms of intestinal obstruction caused by adhesions of a diffusely thickened peritoneum". It can be divided into primary (idiopathic) and secondary. The secondary EPS, a local or systemic factor can be identified as triggering peritoneal inflammation.
Methods: A 61-year-old male presented history of hypertension and end stage renal disease under peritoneal dialysis since May 2010. He received cadaveric renal transplantation on November 2, 2020. Although his post-transplant kidney function was quite well, he sustained persistent perinephric fluid accumulation and progressive ascites followed by ileus. Early sign of image picture was noted in plain X-ray and computed tomography. Laparoscopic surgery helped for early diagnosis and early urgent intervention and appropriate drug treatment. He also got infected ascites repeatedly and appropriate medical treatment was given with some improvement. Tamoxifen was added as important medication to immunosuppressants.
Results: He is now in 11 months after transplantation with good functioning kidney and still trying to struggle with this particular disease which may be a cause of poor prognosis after these renal replacement therapy.
Conclusions: In this conference, we will discuss an EPS case with ileus and intractable ascites after cadaveric renal transplantation and review the literature.

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