

## 長期腹膜透析之腹膜硬化及其併發症如何處理？

How to manage peritoneal sclerosing and its associated complications in long-term peritoneal dialysis patients?

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Long-term peritoneal dialysis (PD) may lead to decrease of peritoneal permeability and loss of ultrafiltration, which are associated with peritoneal fibrosis (PF). The major mechanisms of peritoneal fibrosis include proliferation of peritoneal fibroblast and accumulation of extracellular matrix (ECM). These phenomenon are derived from the exposure of peritoneum to unphysiologic dialysate in PD. The possible culprits for PF including, high glucose and lactate concentration, and acidic pH value in the peritoneal dialysate. That initial glucose load will predict outcome among PD patients, the higher dialysate glucose concentration will have negative effect on PD practice. In addition, peritoneal fibrosis will result in peritoneal failure which make PD patients switch to hemodialysis. There is a catastrophic complication of PF, i.e., encapsulating peritoneal sclerosis (EPS) even will lead patients to malabsorption and malnutrition. To overcome this important clinical problem, tamoxifen as a candidate therapy, which is a selective estrogen receptor modulator and has been used to treat fibrosis disorders such as retroperitoneal fibrosis, sclerosing mesenteritis, fibrosing mediastinitis and sclerosing cervicitis. Except tamoxifen, steroid will relieve acute symptoms dramatically. However, most complication will be derived from steroid therapy including peptic ulcer, infection, and even bowel perforation. But some patients who were noted to have EPS will have poor response to both tamoxifen and steroid. Early diagnosis of EPS is the most important in managing these patients. A routine screening peritoneal condition should be done for those who have gastrointestinal obstruction symptoms or drop out from PD. Early diagnosis and early treatment will obtain higher remission rate and avoid the following catastrophic outcomes.