

SUCCESSFUL CONSERVATIVE MANAGEMENT OF PNEUMATOSIS INTESTINALIS IN PERITONEAL DIALYSIS PERITONITIS

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Peritonitis is a serious problem in patients undergoing peritoneal dialysis (PD). Ileus and pneumatosis intestinalis (PI) can occur as a complication of this infectious process. PI is a potential life threatening condition with a challenging management. The mortality of PD patients with PI secondary to mesenteric ischemia (MI) is almost 100%. We describe an End Stage Renal Disease PD patient who developed *Streptococcus Viridians* peritonitis which was initially treated with appropriate antibiotics. Since initial response to therapy was not achieved, abdominal imaging studies were done which revealed an ileus and PI. Mesenteric angiogram was performed without evidence of intestinal ischemic flow and *Clostridium Difficile* toxins assays were negative. This patient was treated conservatively with bowel rest, intermittent hemodialysis, nasogastric and rectal decompression and antibiotics. Patient's symptomatology improved and repeated imaging six weeks later showed resolution of prior findings. This individual was successfully restarted on PD. PI in PD peritonitis is an uncommon complication which requires prompt evaluation to rule out MI as it carries a high mortality and its management will be surgical. Conservative therapy for non MI related PI is indicated to avoid possible exploratory laparotomy. Preservation of PD is possible despite a PI diagnosis.