



# The Brazilian Journal of INFECTIOUS DISEASES

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## Clinical image

# Sclerosing encapsulating peritonitis in HIV-infected patient on dialysis



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## ARTICLE INFO

### Article history:

Received 24 April 2014

Accepted 1 May 2014

Available online 5 June 2014

## Presentation

A 36-year-old man presented to the dialysis unit one week after the onset of drainage of bloody peritoneal dialysate. The patient was HIV-infected and had chronic kidney disease diagnosed ten years before and had been on peritoneal dialysis and HAART. There was a history of recurrent episodes of peritonitis. During the previous three months, the patient had weight loss, anorexia, abdominal pain, and vomiting.

## Assessment

The Kt/V peritoneal was low and peritoneal equilibration test was of a high transporter. At admittance, the physical examination revealed diffuse abdominal pain without peritoneal irritation signs. The effluent had three white blood cells/mm<sup>3</sup>, and cultures of dialysate showed no growth of bacteria or fungi. He had anemia and CD4 count was above 400 mm<sup>-3</sup>.

An abdominal radiograph showed marked peritoneal fibrosis outlining bowel loops (Fig. 1). A computed tomographic scan of the abdomen confirmed thickening of the peritoneum without intestinal obstruction (Fig. 2).

## Diagnosis

The diagnosis was sclerosing encapsulating peritonitis.

## Management

The patient's renal replacement therapy was switched to hemodialysis. Three months later the patient had gained weight, with frequent bloody ascites. He died nine months after the diagnosis with progressive visceral entrapping. Sclerosing encapsulating peritonitis is a rare complication of peritoneal dialysis.<sup>1</sup> This is the second case of sclerosing peritonitis described in a HIV-infected patient on peritoneal dialysis.<sup>2</sup>

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<http://dx.doi.org/10.1016/j.bjid.2014.05.006>

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**Fig. 1 – Abdominal radiograph showed marked peritoneal fibrosis outlining bowel loops.**



**Fig. 2 – Computed tomographic scan of the abdomen showed thickened peritoneum outlining small bowel loops.**

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### Conflicts of interest

The authors declare no conflicts of interest.

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