Fallopian Tube Capture of a Peritoneal Dialysis Catheter

N.A.		Harrison
G.P.		Howell
D.J.		Rainford

Renal Unit, Princess Mary's Royal Air Force Hospital, Halton, Aylesbury, Bucks, UK

N.A. Harrison, MRCP, Squadron Leader, Renal Unit, Princess Mary's Royal Air Force Hospital, Halton, Aylesbury, Bucks, HP22 5PS (UK)

Dear Sir,

Omental capture following implantation of chronic ambulatory peritoneal dialysis catheters is a well-recognized complication [1]. We report a case of capture of such a dialysis catheter by a Fallopian tube.

A 29-year-old woman with chronic reflux nephropathy and chronic renal failure had a Tenckhoff peritoneal dialysis catheter introduced in the midline, under local anaesthetic. The catheter was flushed with heparinized saline and left unused for 48 h. She then had two intermittent peritoneal dialysis exchanges with 1-hour dwells. On running out after the second exchange, she experienced pain in the right iliac fossa. It was evident that there had been a little leak from the peritoneum, so dialysis was discontinued for a further 3 days. On restarting exchanges, she again experienced the pain, of a type she equated with mittelschmerz, and it was noticed that the dialysate returns were poor.

Contrast studies using Hypaque indicated that the catheter was acutely angled away from the ideal position in the pouch of Douglas. Omental capture was suspected and a minilaparotomy performed.

At operation, the omentum was not involved. The fimbriae of the right Fallopian tube were found tightly encircling the catheter, blocking the drainage holes, and pulling the catheter up into the right iliac fossa. The lumen of the catheter was partially occluded by a clot from fimbrial bleeding. The fimbriae were digitally separated from the tube and the catheter repositioned. Following surgery, chronic ambulatory peritoneal dialysis was successfully reinstituted.

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Complications following implantation of peritoneal dialysis catheters include catheter migration, obstruction, leakage, bleeding, visceral perforation, infection, and pericatheter hernia [1].

Leakage can be reduced by the lateral placement of the catheter as described by Helfrich et al. [2]. Migration and obstruction caused by omental capture is a common problem, and omental hitch [3], or omentectomy [2] at the time of catheter implantation, has been advocated by some authors.

Capture by the Fallopian tube has not been reported before, and it should perhaps be added to the list of complications. In view of this case, blind removal of captured catheters would be ill-advised lest one avulses a Fallopian tube from its pedicle.

References

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