Letter to the Editor

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Reply

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Dear Sir,

Kagan et al. [1] recently emphasized that delayed perforation of the bowel during long-term peritoneal dialysis (PD) is a rare but well-documented entity which is associated with significant morbidity and mortality. They described the pathophysiology of the erosion and attributed it to chronic localized ischemia of the bowel wall resulting from the intimate contact of the PD catheter tip with the bowel wall. This event ultimately leads to perforation and peritonitis. Although this complication is well described in patients undergoing chronic PD, our case is unique in that the bowel perforation occurred acutely after the patient developed an adynamic ileus from simple catheter-related peritonitis. The acute distention of the bowel, in my view, caused the catheter to erode into the bowel wall, causing peritonitis.

I believe it is important to maintain a high index of suspicion of bowel perforation in patients undergoing PD who deteriorate after developing conditions that cause the bowel to become acutely distended [2].

I appreciate the constructive comments Kagan et al. have contributed to this interesting topic.

References

Kagan A, Bar-Khayim Y: Delayed decubitus perforation of the bowel is a sword of Damocles in patients on peritoneal dialysis. Nephron 1996;74:232-233.

Thibodeaux LC: Bowel perforation associated with continuous ambulatory peritoneal dialysis.
Nephron 1995;70:265.