The Tenckhoff Catheter for Peritoneal Dialysis

Richard D. Swartz, MD, Division of Nephrology, Department of Internal Medicine, University of Michigan Medical Center, Ann Arbor, MI 48104 (USA)

Dear Sir,

A recent article by /. Rubin et al. [Nephron 32: 370–374, 1982] described the mechanical complications of chronic peritoneal dialysis catheters. The data presented are a welcomed addition to the literature which is sparse concerning expected mechanical complications after placement of such devices. We, too, are interested in this area of clinical interest and have gathered and presented some of our own data; however, the reference citation by Rubin et al. (citation number 5) to one of our articles [1] incorrectly interprets the experience which we published. The reference cited describes only mechanical complications during acute peritoneal dialysis using straight, single-use, temporary catheters and not indwelling, chronic, silastic catheters of the Tenckhoff type. This point is noted in the ‘Methods’ section of our article, and our data should not be cited in comparing the mechanical complications in our experience during acute renal failure with that of others using the Tenckhoff catheter. This is a very important point for clinicians concerned with the morbidity of peritoneal dialysis, and publication of this letter should help to clarify the context of these reports and distinguish clearly between the mechanical morbidity of temporary stiff plastic catheters for acute peritoneal dialysis and implanted soft silastic devices for chronic treatment. In closing, we note with interest that the rates of early mechanical complications, such as early leaking or early drainage failures, are comparable with these 2 types of devices, a conclusion not intended by Rubin et al. but apparent in the comparison of our original data and that reported.

R. Reference