

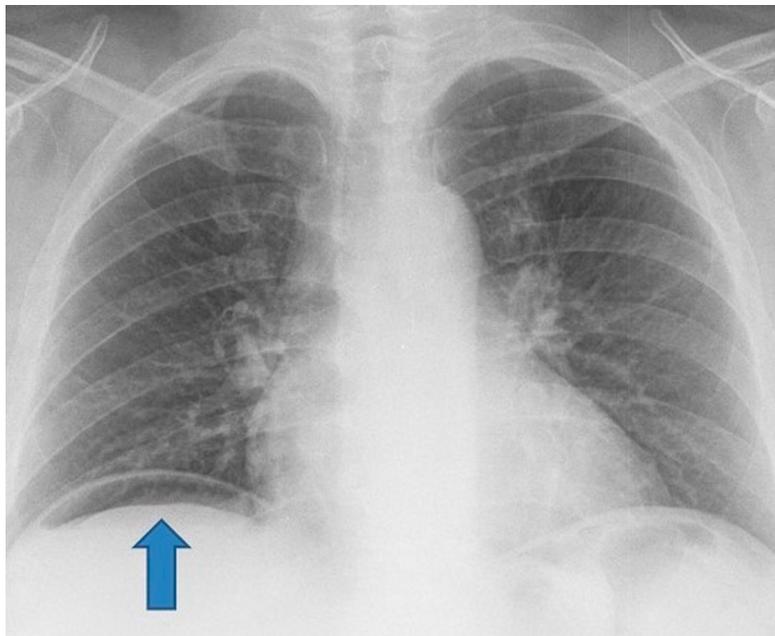
Neumoperitoneo secundario a diálisis peritoneal

Peritoneal dialysis – related pneumoperitoneum.

CASE REPORT

A 56-year-old woman with a history of type 2 diabetes mellitus and chronic kidney disease, was on continuous ambulatory peritoneal dialysis in the last 3 months. She attended a pre-operative assessment consultation for elective cholecystectomy for chronic lithiasic cholecystitis. The presence of right subdiaphragmatic gas, suggestive of pneumoperitoneum (figure), was detected on chest radiography. She referred asymptomatic and no physical irritation data were found on physical examination. No evidence of peritonitis in recent peritoneal fluid cytology. Abdominal tomography with oral contrast was requested, discarding hollow viscera perforation. In the absence of other causes of pneumoperitoneum, it was attributed to peritoneal dialysis and treated conservatively, with abdominal air drainage through peritoneal dialysis.

Pneumoperitoneum is described as a potential complication of this therapy, due to a poor performance in purging the system¹. Its incidence is 1 -10%². Perforated viscus must be thoroughly ruled out^{1,2}. For a pneumoperitoneum to occur, repetitive entry of air into the abdominal cavity exceeding the resorptive capacity of the peritoneum would have to occur such as would happen with recurrent failure to adequately prime the dialysis tubing². It has been described that intraperitoneal air has been removed by placing patients in the Trendelenburg position after drainage of peritoneal dialysis^{1,2}.



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Palabras clave: neumoperitoneo, diálisis peritoneal, drenaje

Keywords: pneumoperitoneum, peritoneal dialysis, drainage

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