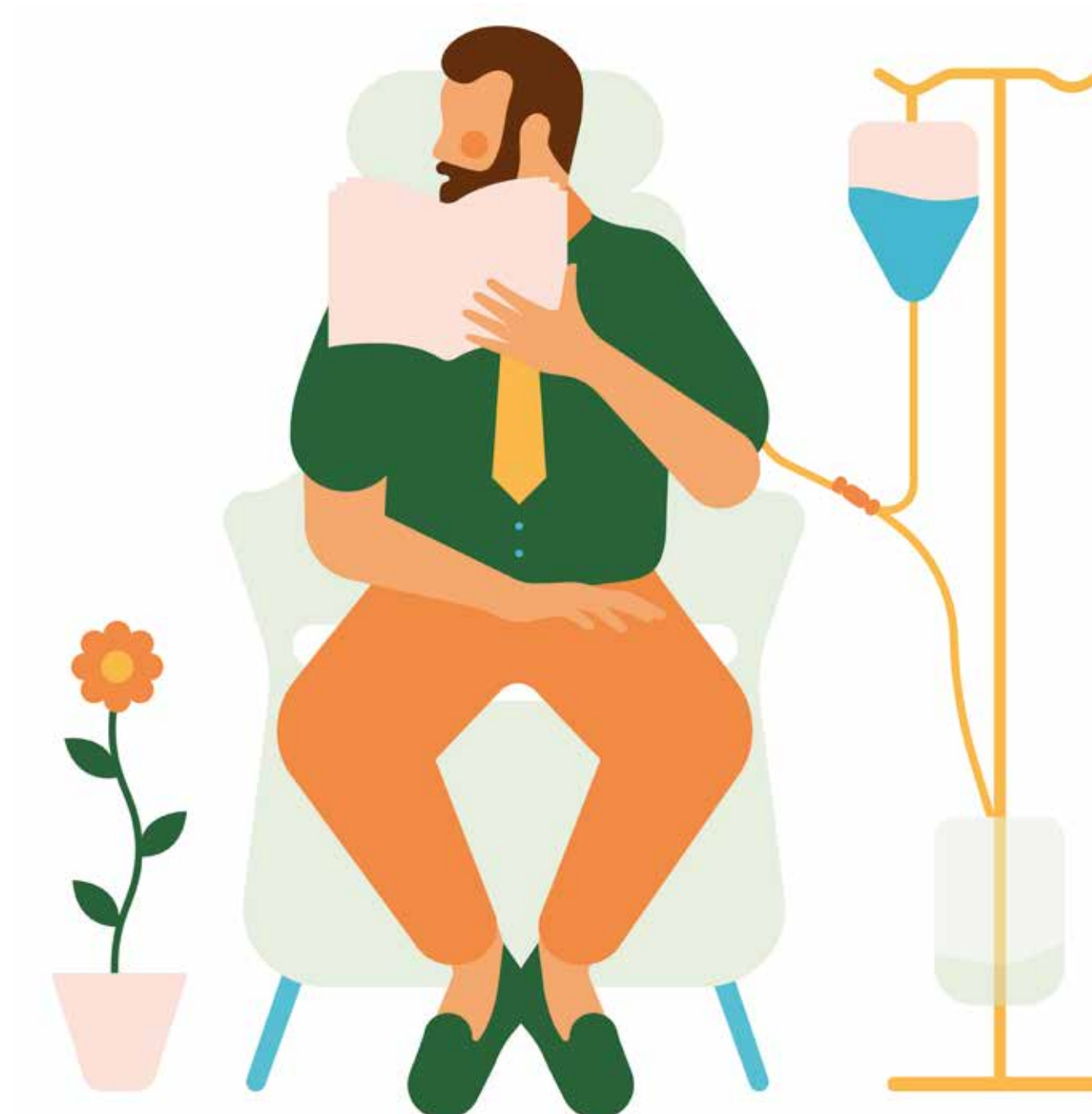


Retrospective Analysis of complications and Management of Parietal Defects in Peritoneal Dialysis Patients: Impact on Technique Survival

Marta Gemene MD, Dan Munteanu MD, Raluca Lie-Ungurean MD, Nicoleta Havasi MD, Diaverum Romania

Conclusions

Despite the challenges posed by parietal defects, they should not preclude the utilization of PD when the benefits over the alternatives are obvious. Multicentre data provide valuable insights into the prevalence and management of parietal defects in DP patients, informing clinical practice and enhancing patient outcomes.



1. Parietal defects in peritoneal dialysis patients

1. Patients without parietal defects	205	92%
2. Patients with parietal defects	18	8%
2.1 Patients with emergency surgical procedures	7	39%
2.2 Patients with planned surgical corrections	5	28%
2.3 Patient without surgical corrections	6	33%

2. Background

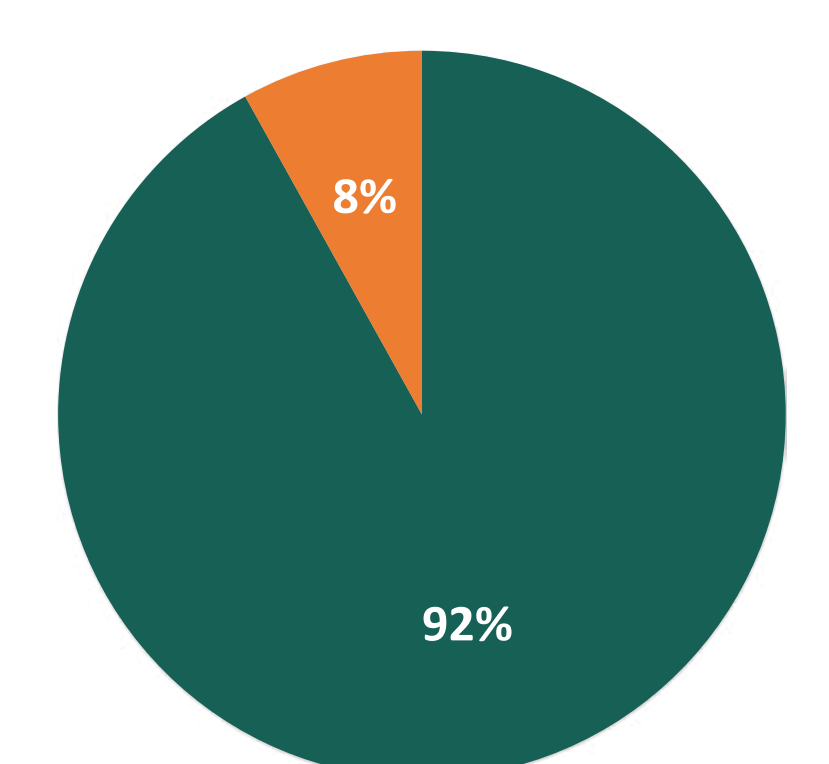
Parietal defects, such as hernias and pleuro-peritoneal communications, pose significant challenges in peritoneal dialysis (PD) patients and may impact technique survival.

However, it is essential to recognize that despite their frequency and challenges, parietal defects should not preclude or early terminate the utilization of PD when the benefits over the alternatives are obvious. This retrospective multi-centre study aimed to analyse the complications and management strategies associated with parietal defects in a cohort of 223 PD patients over an extended period.

3. Methodology

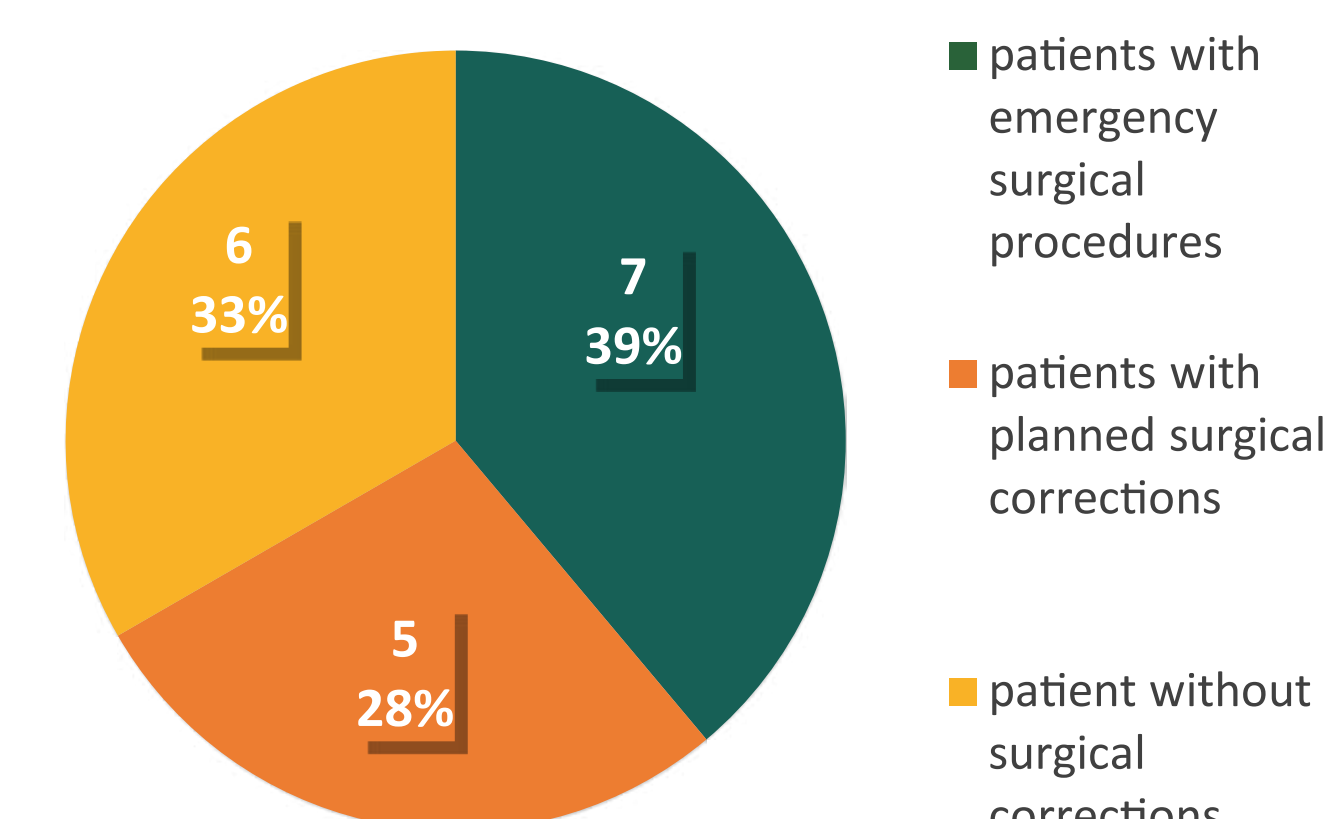
Data were retrospectively collected from medical records of PD patients with documented parietal defects across multiple centres. Information on complications, interventions and outcomes, including technique survival, was extracted and analysed.

PD PATIENTS INCLUDED IN THE STUDY



■ Patients without parietal defects
■ patients with parietal defects

Management of patients with parietal defects



■ patients with emergency surgical procedures
■ patients with planned surgical corrections
■ patient without surgical corrections

Results

Among the 223 PD patients included in the study, 18 were documented to have parietal defects. Temporary cessation of PD was necessitated in these cases, with an average interruption period of 50 days. Central venous catheter insertion for temporary hemodialysis was required in a majority of cases. Seven patients underwent emergency surgical procedures due to complications, while 5 patients underwent planned surgical corrections. In the other 6 patients, surgery was considered not appropriate. Recurrence of parietal defects was observed in 25% of cases (5 patients).



Contact us
Raluca Lie-Ungurean
Raluca.Ungurean@diaverum.com

