ISSN: 2640-9615

Journal of Clinical and Medical Images

Clinical Image

Tenckhoff's Catheter Recurrent Obstruction by Fallopian Tube

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Volume 3 Issue 3- 2020
Received Date: 25 Jan 2020
Accepted Date: 05 Feb 2020
Published Date: 10 Feb 2020

2. Keywords

Tenckhoff's Catheter; Peritoneal Dialysis; Chronic Kidney Disease; Recurrent Obstruction; Fallopian Tube

Clinical Image

The incidence of end-stage kidney disease, in the Caucasian population, is 275 cases per 1 million people per year. Currently, nearly 10% of patients under renal replacement therapy are under peritoneal dialysis. The catheter's dysfunction is generally caused by its displacement, obstruction by omentum, small bowel, fibrin deposits, and exceptionally, by the cecal appendix or a Fallopian tube.

We present the clinical case of a 44-years-old female patient, who started an ambulatory continuous peritoneal dialysis programme. Nearly one week later, she began to have no effluent peritoneal drainage. She underwent an exploratory laparoscopy, showing obstruction of the peritoneal catheter by the left Fallopian tube (Figure 1), which was promptly released and cleared. The peritoneal catheter remained fully functional for 2 months. Afterwards, there was an obstruction recurrence. She underwent a second exploratory laparoscopy, showing obstruction of the peritoneal catheter by the right Fallopian tube (Figure 2), which implied a right salpingectomy,adhesiolysis, clearing and repositioning of the catheter (Figure 3). She was discharged home and the catheter has remained fully functional.

The catheter obstruction by a Fallopian tube, yet rare, may be recurrent. Up to the present time, there

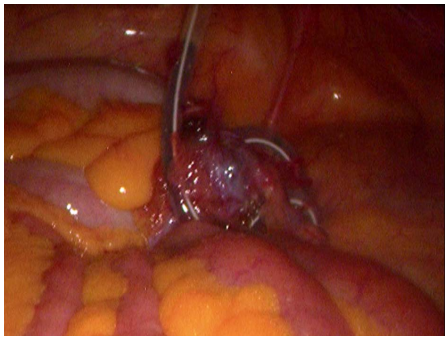

Figure 1: Tenckhoff's catheter obstruction by the left Fallopian tube.

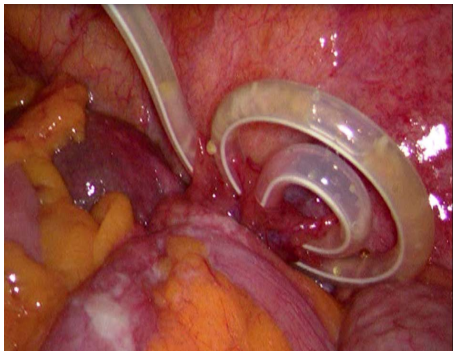

Figure 2: Tenckhoff's catheter obstruction by the right Fallopian tube.

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Citation: Leite C, Department of Surgery, Centro Hospitalar Tondela-Viseu, Viseu, Portugal. Journal of Clinical and Medical Images. 2020; V3(3): 1-2.

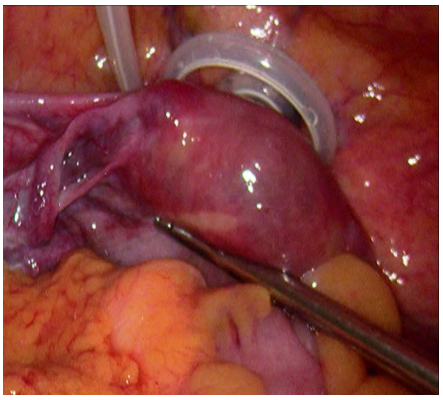

Figure 3: Repositioning of the Tenckhoff's catheter.

are only two cases of catheter recurrent obstruction described in the literature (at 2- and 56-years-old patients). An early exploratory laparoscopy is highly recommended, in order to avoid potentially severe complications. A salpingectomy is an acceptable option, to prevent a recurrent obstruction that may result in a definite treatment [1-4].

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