



A Case of Post Traumatic Delayed CAPD Catheter Fistula with Uterus and Bowel

Dear Editor,

A 35-year-old non-diabetic, hypertensive female diagnosed with chronic kidney disease (CKD) 3 years back was on continuous ambulatory peritoneal dialysis (CAPD) for 2.5 years with a straight-tip double-cuff Tenckhoff catheter and was doing well.

The patient developed pain abdomen after trauma (fall in prone position) followed by leakage of peritoneal dialysis (PD) fluid from the vagina in the next cycle of PD after the fall. She stopped PD after 3 sessions and presented to us 15 days later. There was no history of fever, constipation, or red PD fluid. Computed tomography (CT) contrast fluoroscopy (injecting contrast through CAPD catheter) of the peritoneum was done, which revealed an encapsulated collection with air foci in the peritoneum along with fistulous communication of PD catheter with small bowel loops and uterine cavity through a fundal rent [Figure 1a and b].

The patient was shifted to hemodialysis. Laparoscopy revealed pus-filled walled-off collection in the peritoneal cavity with dense adhesion on catheter. Furthermore, the tip was adhered to uterine rent. The Tenckhoff catheter tip was laparoscopically dissected free and pulled back from the uterus into the pelvic cavity without suture at the leakage site. The surgeon suggested that small bowel perforation being small was self-sealed off, (As laparoscopy does not revealed any small bowel perforation). Intravenous antibiotics were administered and a drain was

placed. Catheter could not be salvaged and removed. Post-operative period was uneventful. The drain was removed on day 4.

Delayed perforation is an uncommon complication of PD and usually involves a dormant catheter.¹ Delayed CAPD catheter fistula with bowel (spontaneously) has been reported but extremely rare.² This is a rare case demonstrating a post-traumatic purulent collection around PD catheter along with communication between PD catheter and bowel as well as uterine cavity. This emphasizes the fact that although rare, but soft tip CAPD catheter can cause fistulous tract, especially post-trauma.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Conflicts of interest

There are no conflicts of interest.

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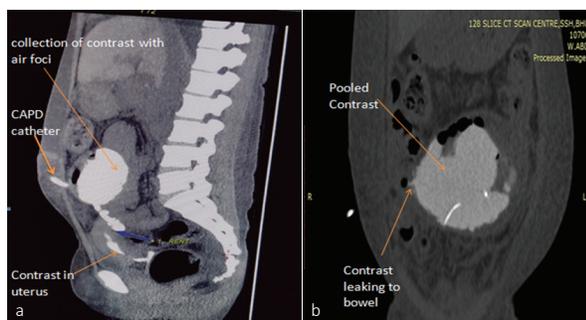


Figure 1: Computer tomographic images after injecting contrast from CAPD catheter (a) showing encapsulated collection with air foci in peritoneum with fistulous communication of peritoneal dialysis catheter with uterine cavity (through a fundal rent) (orange arrows) (b) fistulous tract communicating with small bowel (orange arrows).

