

# 3<sup>rd</sup> ANNUAL KIDNEY CONGRESS & 16<sup>th</sup> International Conference on **NEPHROLOGY & THERAPEUTICS** October 19-20, 2018 | New York, USA

## **Amyloidosis with peritoneal involvement, continuous ambulatory peritoneal dialysis: A case report**

**Maria Celeste Ríos**  
Hospital Carlos G Durand, Argentina

**A**myloidosis is a systemic disease characterized by the extracellular deposition of amorphous fibrillar protein, which leads to the loss of the function of the affected organ. Renal involvement is a common case expressed as nephrotic syndrome with varying degrees of functional deterioration, until a final stage in which renal replacement therapy is required. In the same way, the gastrointestinal tract is affected by the amyloid deposits, which are located mainly around the arterioles and in muscles causing ischemia and eventually, leading to mucosal erosion. However, peritoneal secondary amyloidosis (AA amyloidosis) is unusual. In our bibliographic search, there are no records or data related to patients with peritoneal AA amyloidosis undergoing continuous ambulatory peritoneal dialysis (CAPD) in whose procedure the peritoneum is used as a dialysis membrane. We therefore hereby describe the case of a patient with a history of pulmonary tuberculosis diagnosed in 2001 with reactivations in 2005 and 2011, with complete treatment that evolves with nephrotic syndrome and CKD stage V. The histological diagnosis was: renal and peritoneal AA amyloidosis. Because of the requirement of renal replacement, our patient started with positive selection, continuous ambulatory peritoneal dialysis (CAPD). We stand out that despite presenting peritoneal amyloidosis; the peritoneum could be used as dialysis membrane over 3 years. Moreover, our patient had a satisfactory quality of life, maintaining values of hematocrit, adequate mineral-bone metabolism and improvement of values of albumin along the therapeutic, as well as adequate control of urea levels and preserving residual renal function.

### **Biography**

Maria Celeste Ríos obtained her medical degree at the Buenos Aires University of Medicine (UBA). Later, she got her specialty in general medicine at the Central Aeronautical Hospital, where she was a chief resident for one year. She has recently finished her postgraduate studies in Nephrology at the Carlos G. Durand Hospital, along with the postgraduate course in Nephrology at the Buenos Aires University of Medicine. She has participated in multiple national conferences as a speaker, exposing different works made during my academic training in Nephrology. She is currently working as a staff nephrologist at the Deutsches Hospital in Buenos Aires.

[mariacelesterios@yahoo.com.ar](mailto:mariacelesterios@yahoo.com.ar)

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