Regarding ‘Calcium channel blocker–induced chyloous ascites in peritoneal dialysis’

To the Editor: We appreciate the report by Tsao and Chen about chyloous ascites associated with the use of calcium channel blockers in a patient on peritoneal dialysis. The authors list other causes of chyloperitoneum, including neoplasia, nephrotic syndrome, and congenital abnormalities of the lymphatic system. We would like to bring to the readers’ attention another disease associated with chyloous ascites that may be encountered in patients on peritoneal dialysis: systemic lupus erythematosus. It has been suggested that mesenteric inflammation from the lupus can lead to lymphatic obstruction and consequent chyloperitoneum and chylothorax.

Those managing patients on peritoneal dialysis should be aware of this association between lupus and chyloperitoneum.


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Response to: “Regarding ‘Calcium channel blocker–induced chyloous ascites in peritoneal dialysis’”

Drs Graice and Bargman have indicated that mesenteric inflammation from systemic lupus erythematosus can lead to lymphatic obstruction, reflecting the diverse causes of chyloous ascites in peritoneal dialysis. We recently reported on a 34-year-old woman with acute small-bowel infarction as the presenting feature of lupus-associated protein-losing enteropathy preceding a full-blown lupus flare. Our patient had massive ascites; however, it was not chyloous in nature. The mechanistic basis remains unclear and the protean manifestations may render clinical scenarios potentially misleading, creating a great challenge in management of patients with chyloperitoneum.


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