Effect of Long – Term Peritoneal Dialysis on Change in Visceral Fat Area: a Single Center Experience

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Indian J Nephrol. 2020 Nov-Dec; 30(6):398-402. PMID: 33840959

Background

- Visceral fat area (VFA) is known to increase after initiation of peritoneal dialysis (PD).
- The factors contributing to the increase in VFA in long-term PD patients have not been sufficiently elucidated.

Patients and Methods

- Inclusion criteria of the study subjects were those who initiated PD who used glucose-based dialysis solutions or icodextrin, continued PD for ≥ 3 years, and underwent abdominal computed tomography (CT).

Table 1: Clinical characteristics of the study population

Variables	Baseline	Follow-up	*P*
Age (years)	63.1±10.3	NA	
Male, *n* (%)	9 (45)	NA	
Chronic glomerulonephritis, *n* (%)	7 (35)		
Diabetic nephropathy, *n* (%)	10 (50)		
Others, *n* (%)	3 (15)		
Body weight (kg)	57.6±10.4	58.3±7.8	0.296
Body mass index (kg/m²)	22.4±2.6	23.2±2.9	0.156
Diabetes mellitus, *n* (%)	11 (55)	NA	
Hypertension, *n* (%)	18 (90)	NA	
Renin-angiotensin system inhibitors, *n* (%)	14 (70)	NA	
Cardiovascular disease, *n* (%)	7 (35)	NA	
Use of icodextrin, *n* (%)	7 (35)	NA	
Hemoglobin (g/dL)	9.7±1.5	10.7±1.1	0.041
Albumin (g/dL)	3.9±0.5	3.4±0.6	<0.001
Creatinine (mg/dL)	7.38±2.05	8.90±2.54	0.008
eGFR (mL/min/1.73 m²)	6.1±1.6	NA	
Total cholesterol (mg/dL)	185±48	183±32	0.835
Triglyceride (mg/dL)	158±109	168±88	0.597
Low-density lipoprotein cholesterol (mg/dL)	99±32	96±26	0.548
High-density lipoprotein cholesterol (mg/dL)	51±27	47±17	0.940
Glycosylated hemoglobin (%)	5.3±0.5	5.6±0.7	0.028
C-reactive protein (mg/dL)	0.36±1.12	1.65±3.24	0.017
Weekly Kt/V	1.84±0.44	2.05±0.34	0.104
D/P Cr	0.60±0.11	0.66±0.12	0.191
D/D0 Glu	0.41±0.09	0.45±0.11	0.204
nPNA (g/kg/day)	0.89±0.19	1.01±0.20	0.020

eGFR: Estimated glomerular filtration rate, D/P Cr: The dialysate-to-plasma creatinine concentration ratio at 4 h, D/D0 glu: Ratio of dialysate glucose concentration at 4 h to baseline dialysate glucose concentration, nPNA: Normalized protein nitrogen appearance rate, NA: Not applicable

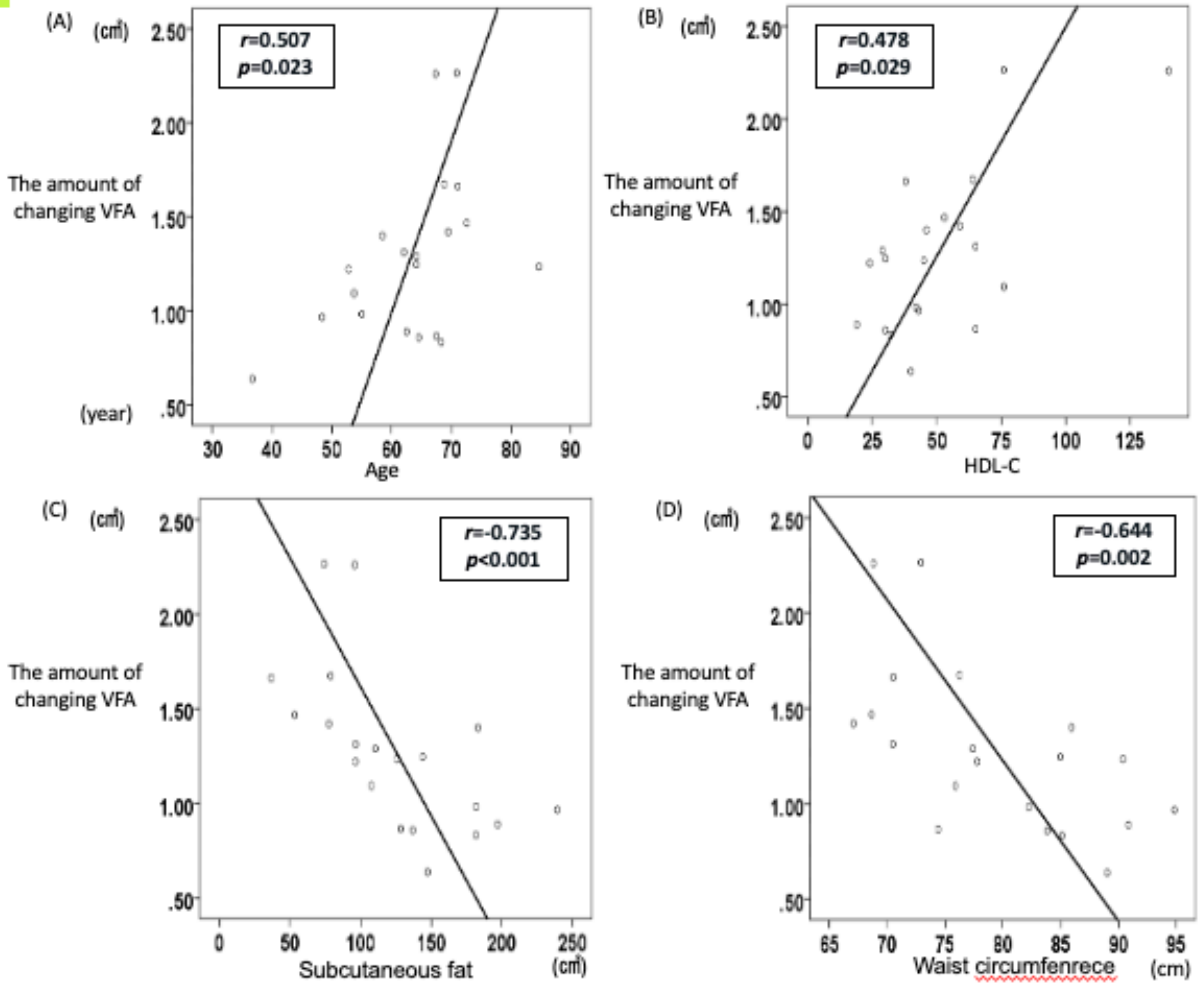


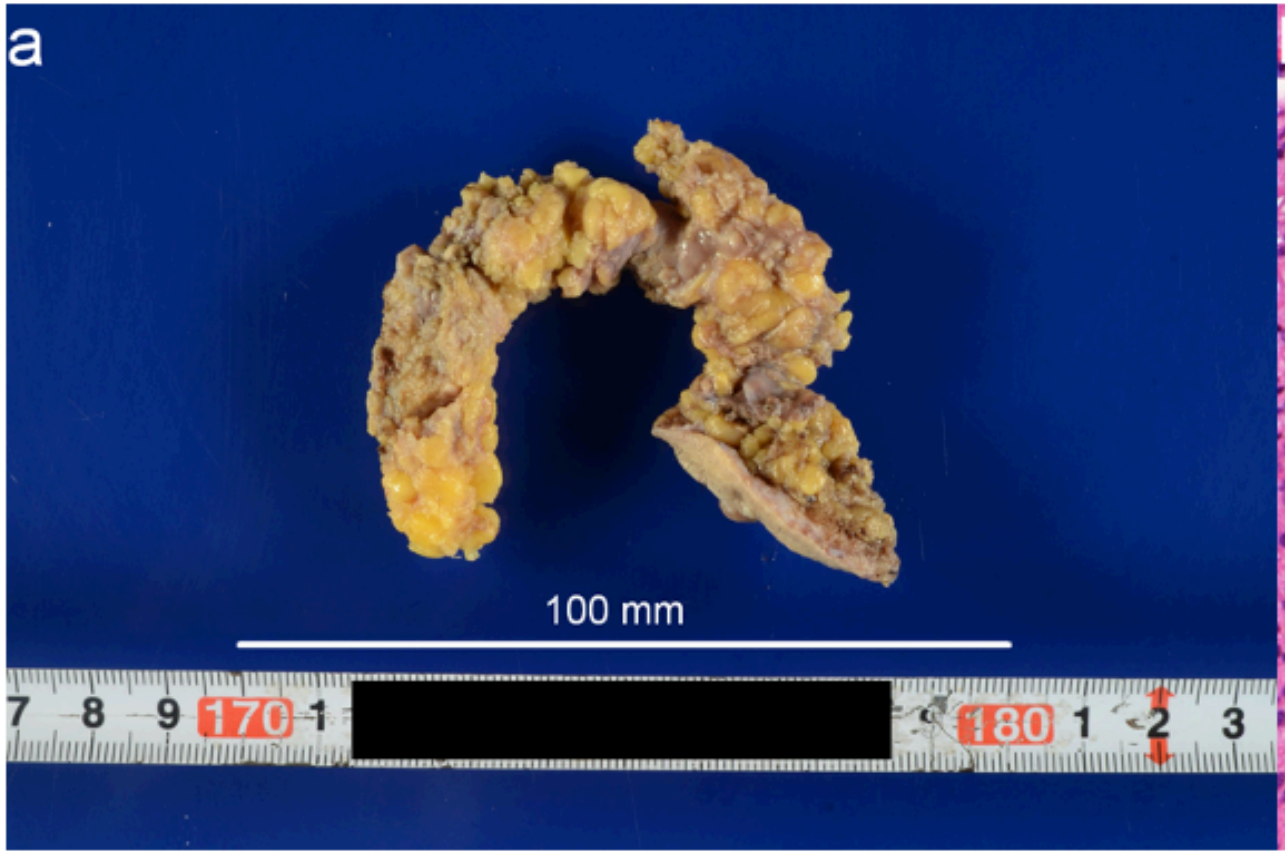
Figure. 1. Correlation between VFA and characteristics of patients on peritoneal dialysis

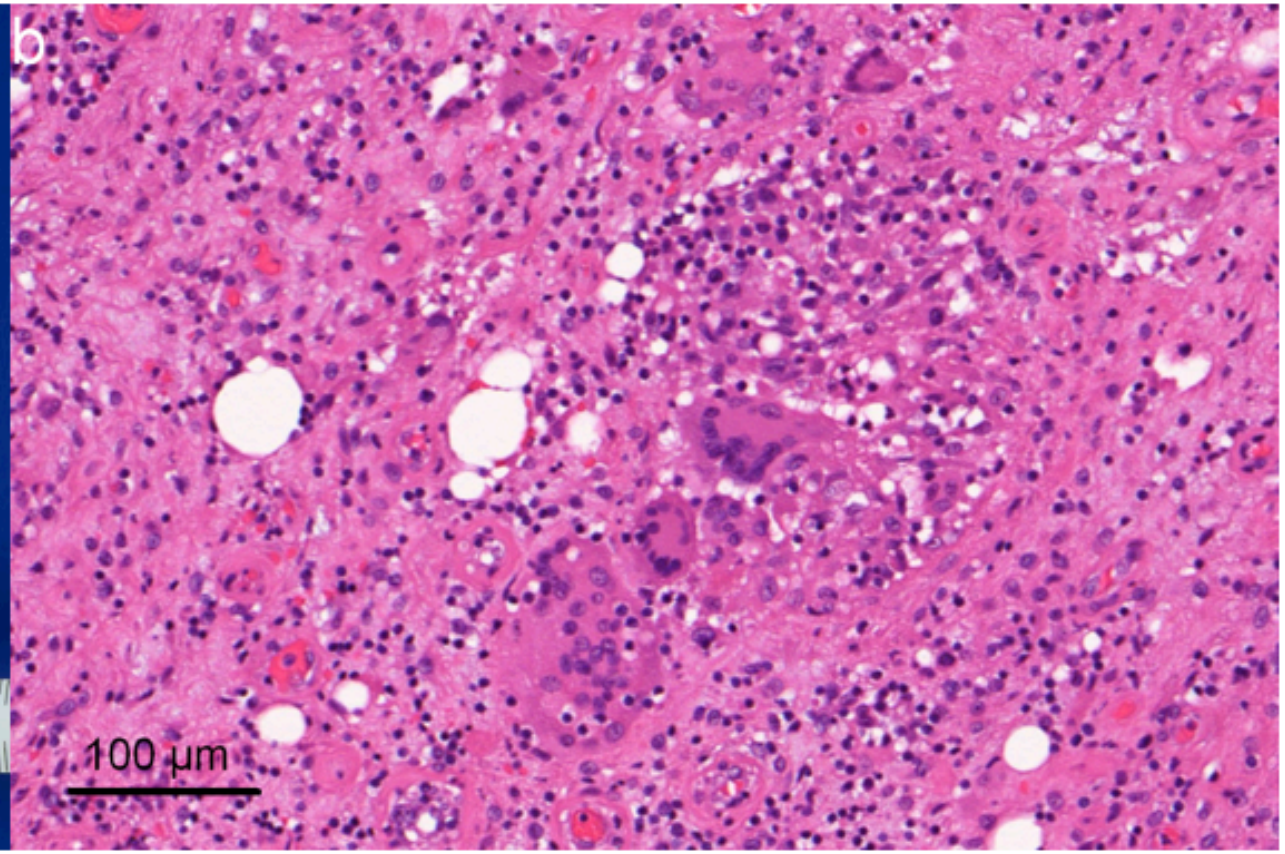
Conclusion

VFA might increase with long-term PD in elderly patients with end-stage kidney disease who have high HDL cholesterol at the time of initiation, small SFA, and small waist circumference. Further studies are needed to evaluate whether VFA affects prognosis in long-term PD patients.

Granuloma formation after peritoneal dialysis catheter-related infection by Mycobacterium chelonae

kidney INTERNATIONAL
ISN INTERNATIONAL SOCIETY OF NEPHROLOGY
Noda R, et al. Kidney Int 2021 Dec;100(6):1355.





Conclusion

Debridement may be considered in addition to removal of the catheter in case of intractable non-tuberculous mycobacterial infection.

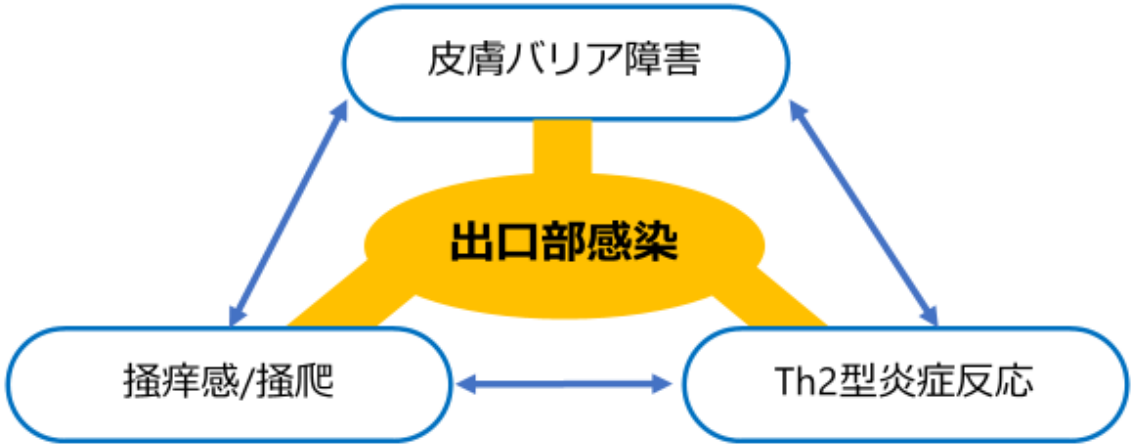
Visual Abstract by Noda et al. 2021

Successful treatment of recurrent exit site and tunnel infections caused by atopic dermatitis with dupilumab: a case report

Noda R, et al. Ther Apher Dial. 2022 Feb;26(1):255-256.

Therapeutic Apheresis and Dialysis

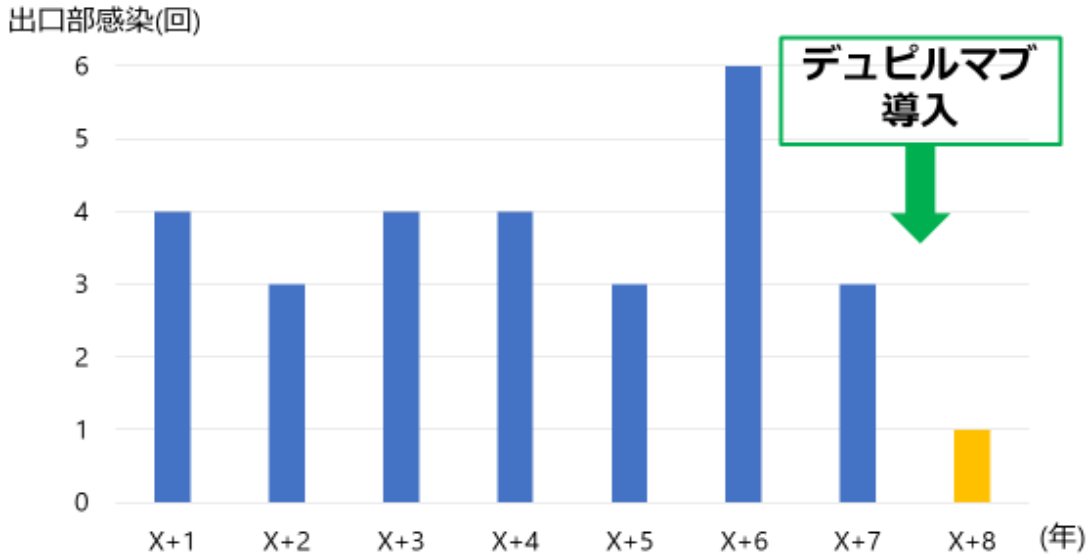
アトピー性皮膚炎と出口部感染



アトピー性皮膚炎は皮膚バリア障害、掻痒感/掻爬、Th2型炎症反応が相互に影響して病態を形成する。(Otsuka A, et al. Immunological Reviews 2017; 278: 246-262)

それらいずれも皮膚感染症を惹起するため、腹膜透析患者における出口部感染と密接に関連すると考えられる。

デュピルマブ導入後の感染回数



3－6回/年ほど出口部感染を繰り返していたが、デュピルマブ導入後は1回/9か月 (非掻爬由来)にまで減少した。

デュピルマブはIL-4/13によるシグナル伝達を阻害し、Th2型炎症反応を抑える
ヒト型抗ヒトIL-4/13受容体モノクローナル抗体である。

非腎排泄性の薬剤のため用量調整が不要で、感染症やその他の重篤な副作用の報告は少ないため
腹膜透析患者に対しても安全性が高く、有用と思われる。

Visual Abstract by Noda et al. 2021

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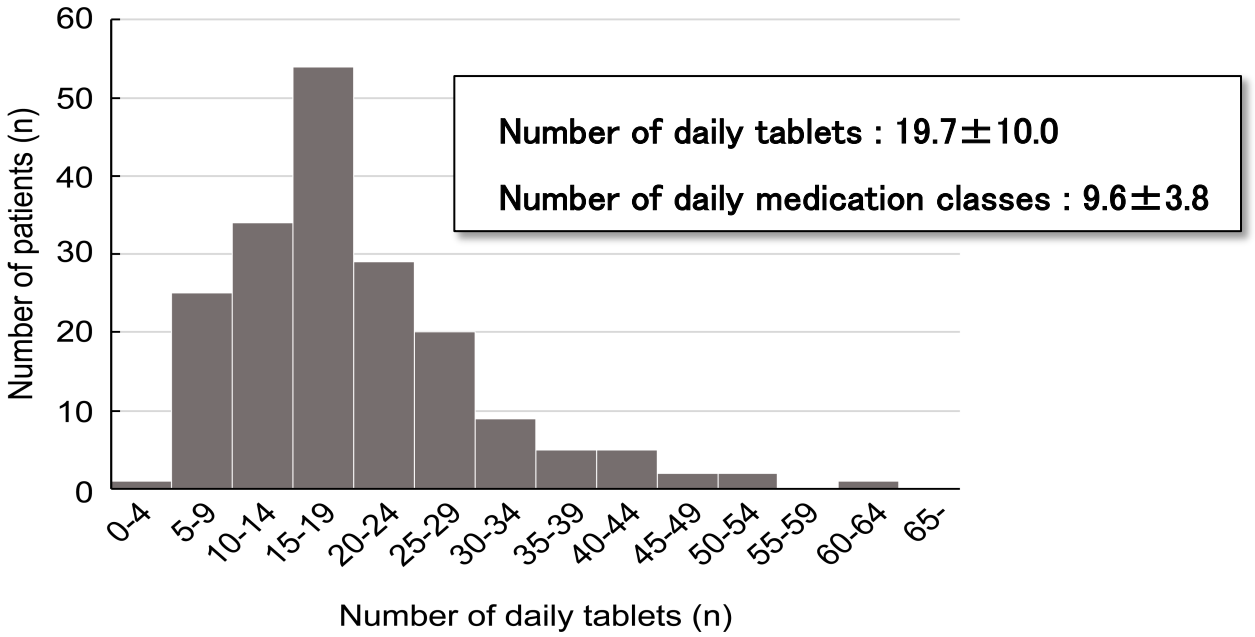
DOI: 10.1111/1744-9987.13585

ORIGINAL ARTICLE

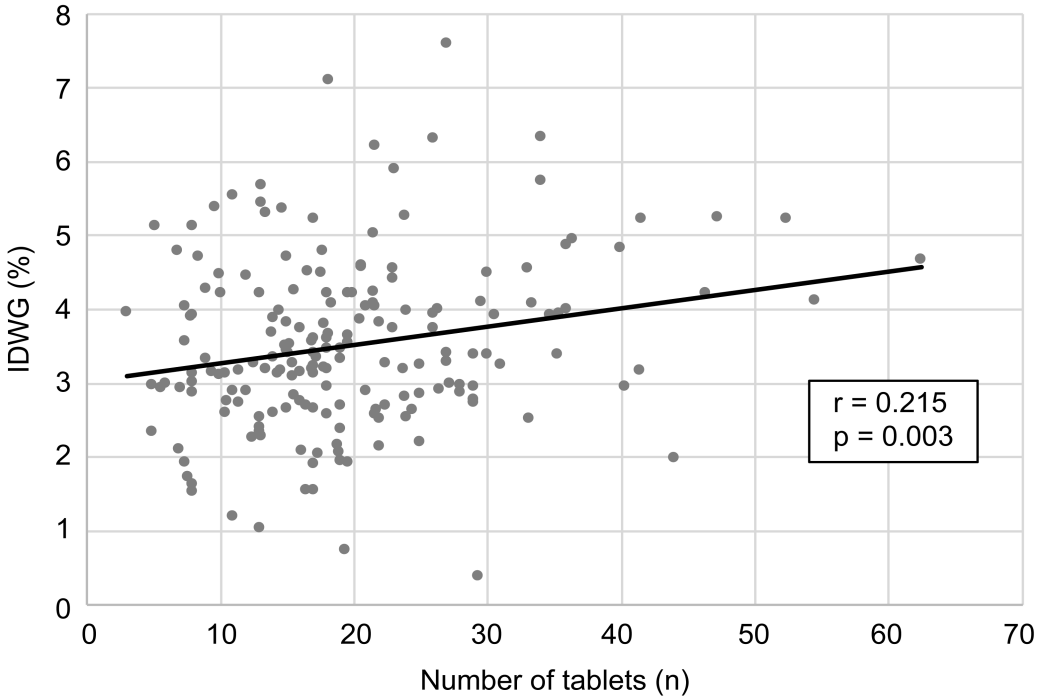
Therapeutic Apheresis and Dialysis
WILEY

Association between pill burden and interdialytic weight gain in patients with hemodialysis: A multi-center cross-sectional study

Masaru Murasawa[1] | Atsuko Uehara[1] | Tomo Suzuki[1,2] | Sayaka Shimizu[3] | Shigeki Kojima[1,4] | Daisuke Uchida[5] | Takeshi Okamoto[1,6] | Toru Naganuma[7,8] | Sho Sasaki[8,9,10] | Naohiko Imai[1] | Akihiro Chikaraishi[11] | Shigeaki Matsukawa[12] | Hiroo Kawarazaki[5] | Tsutomu Sakurada[1] | Yugo Shibagaki[1]



・透析間体重増加率(%IDWG)と内服総錠数の関係についての横断研究
・6施設、合計188名のHD患者を解析



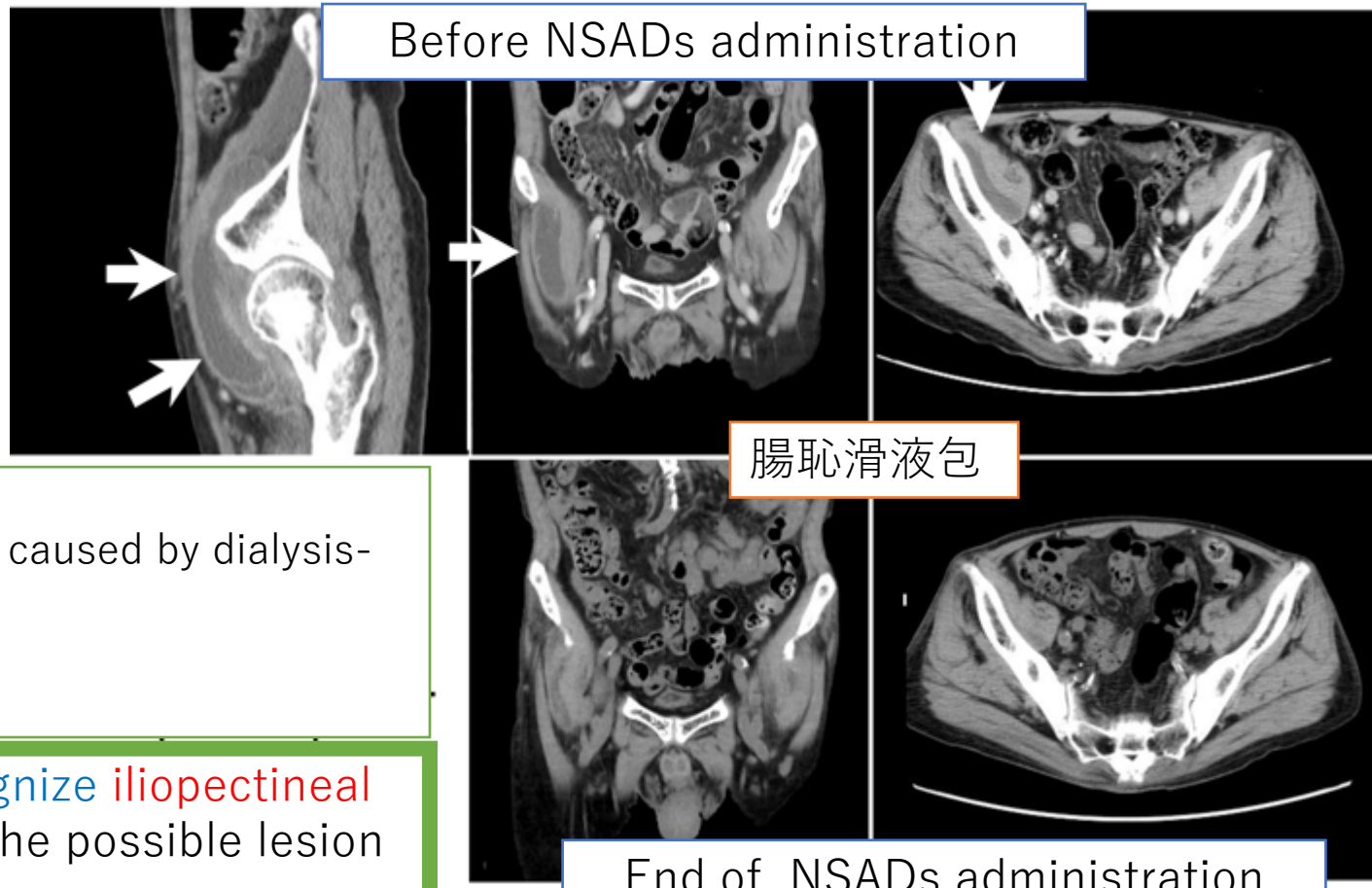
多変量解析：1錠/日増えるごとにIDWG 0.021%
(95%CI 0.004–0.039, p=0.018)増加

Journal of Nephrology
https://doi.org/10.1007/s40620-021-01069-z

ART IN THE WARD

Calcium pyrophosphate deposition disease involving "the largest" Bursa in the human body

Yukako Ohyama[1,2] · Masahiko Yazawa[3] · Yoichiro Haji[4] · Akihiro Ryuge[5] · Naoho Takizawa[6] · Atsushi Nomura[7] · Hideaki Shimizu[8] · Yoshiro Fujita[6]



-A septuagenarian man with 30 years HD vintage
-Admitted for surgery of cervical spondylotic myelopathy caused by dialysis-related amyloidosis
-Elevated inflammatory marker (CRP: 14 mg/dL)
-Neither pain nor fever

Nephrologists and dialysis physicians should recognize iliopectineal bursa, "the largest bursa in the human body ", as the possible lesion of inflammation.

attemp	proejct	contribution	submited journal	IF at the publica	latest IF	date of submit	result	date of result	days of decision	days of proceeding to next	date of submit a revision	days of submission of revison	result	date of result	days of accept of revison	Duration from first submit to final acceptance
1	iliopectineal Bursitis/Ohyama	Corresponding	CKJ	2.975		10/02/2019	reject (editor)	10/14/2019	12							
2	iliopectineal Bursitis/Ohyama	Corresponding	CEN Case Report	N/A		03/24/2020	reject (with review)	04/22/2020	28	160						
3	iliopectineal Bursitis/Ohyama	Corresponding	Internal Medicine	0.956		06/07/2020	reject (with review)	06/23/2020	16	45						
4	iliopectineal Bursitis/Ohyama	Corresponding	Modern Rheumatology case rerpot	N/A		07/13/2020	reject (with review)	08/06/2020	23	21						
5	iliopectineal Bursitis/Ohyama	Corresponding	New Eng J Med (Images in Clinical Medicir	74.699		08/29/2020	reject (editor)	12/02/2020	95	23						
6	iliopectineal Bursitis/Ohyama	Corresponding	Arthritis & Rheumatology	9.586		12/23/2020	reject (editor)	12/28/2020	5	18						
7	iliopectineal Bursitis/Ohyama	Corresponding	Annals of Rheumatic Disease	16		12/31/2020	reject (transfer to BM	01/02/2021	3	3						
8	iliopectineal Bursitis/Ohyama	Corresponding	Journal of Nephrology	3.484		04/14/2021	revise	04/20/2021	6	102	04/21/2021	1	accept	05/09/2021	18	590

A questionnaire on prescription patterns of proton pump inhibitors for hemodialysis patients in Japan

Background

The practice of prescribing PPIs in HD population is unknown

Methods

Questionnaire survey through email to physicians listed in the JSN and iHOPE International registry

	N=187
Years of clinical experience	
5 years or less	13 (7%)
6–10 years	56 (30%)
11–20 years	88 (47%)
More than 21 years	30 (16%)
Specialty	
Nephrology	180 (96%)
Urology	2 (1%)
Other	5 (3%)

Clinical and Experimental Nephrology
Official Publication of the Japanese Society of Nephrology

Kawarazaki H, Nakashima A, Furusho M, Shimizu S, Nakata T
Clin Exp Nephrol. 2020 Jun;24(6):565-572.

50yo HD pt.
After 8 weeks PPI treatment for gastric ulcer/GERD. What next?

Keep prescribing	112 (60%)	Stop prescribing	75 (40%)

Still potential risk for recurrence ≒70%
Quitting PPI is not common practice ≒20%

Fear of S.E. ≒65%

50yo HD pt.
PPI treatment for unknown reason. What next?

Keep prescribing	79 (42%)	Stop prescribing	108 (58%)

Still potential risk for recurrence 24%
Quitting PPI is not common practice 34%

Fear of S.E. 52%
Avoid polypharm. 86%

Most physicians (86%) regard HD patients as a high-risk group for PU

Seasonality of peritoneal dialysis-related peritonitis in Japan: a single-center, 10-year study

Sakurada T, et al. Clin Exp Nephrol. 2021 Jan;25(1):52-57.

Cohort: 126 patients who started PD in St. Marianna University

Design: Retrospective observational study

Time period: January 1, 2009 - December 31, 2018

Resuls: Incidence rate ratio (IRR) of peritonitis

(Reference)	1.75 (0.65-4.75)	1.56 (0.57-4.31)	2.42 (0.94-6.23)
Winter	Spring	Summer	Autumn
(December-February)	(March-May)	(June-August)	(September-November)