**THROUGH THE BACKDOOR: AN UNUSUAL JOURNEY OF PERITONEAL DIALYSIS CATHETER**

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| INTRODUCTION  It is not an uncommon event in peritoneal dialysis (PD) catheterization for PD in end stage renal disease (ESRD) patient to acquire peritonitis, outflow failure, malposition, and leakage. This unfortunate case highlights a rare but serious complication: of small bowel perforation presenting as catheter tip protrusion from the anus.  CASE DESCRIPTION  A 61-years-old lady with ESRD on PD for 2 years presented to Emergency department with a foreign body protruding from her anus. She underwent reinsertion of PD catheter one week prior the admission after removal of catheter due to peritonitis. She denied any clinical features of sepsis or intra-abdominal injury apart from mild abdominal pain. An urgent plain abdominal X-ray revealed a migrated PD catheter up to the anal region. She underwent emergency laparotomy proceed with small bowel resection, primary anastomosis, primary rectal repair and peritoneal washout. Intraoperatively, it was found that the catheter had punctured a loop of the small bowel before perforating the anterior upper rectum. Post operatively, she was well with no complications and had been converted to hemodialysis.  DISCUSSION  Bowel perforation occurs rarely in about 1% of patients, usually during the catheterization, suspected with the onset of pain, nausea or a rigid abdomen. Delayed perforation can occur, often involving a prolonged unused catheter. In this case, the patient was expected to have sign and symptoms of peritonitis with the degree of bowel perforation however she presented with catheter protrusion from anus, a complication seen more in a dormant catheter. Diagnosing bowel perforation is straightforward when the catheter protrudes through the anus, but, if peritonitis signs are present, distinguishing between a PD-related cause or a bowel perforation can be challenging.  CONCLUSION  Emergency healthcare provider (ECP) must bear in mind that even if bowel perforation is a rare complication of PD catheterization, it does occurs as illustrated above. Initial clinical presentation is subtle and only become obvious as the catheter protrude out thus all ECP should have high index of suspicion in patient presented with trivial abdominal pain post PD catheterization as urgent surgical treatment is crucial to save life.  KEYWORDS  Intestinal perforation, peritoneal dialysis |