

Hemoperitoneum in a woman with acute paraplegia

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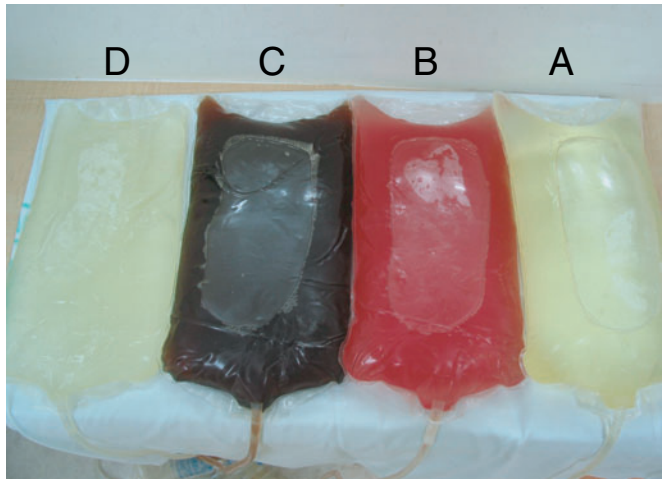


Figure 1 | Discoloration of PD effluents. (a) Normal PD effluent (WBC 1/μl, RBC 3/μl, myoglobin 14.2 μg/l) before the episode of rhabdomyolysis. (b) Artificially bloody PD effluent (WBC 7/μl, RBC 6,950/μl, myoglobin 16.3 μg/l) obtained by injecting 3 ml of whole blood into another normal PD effluent. (c) ‘Cola-colored’ PD effluent in the patient described. (d) Cloudy PD effluent (WBC 250/μl, RBC 21/μl) in another patient with peritonitis.

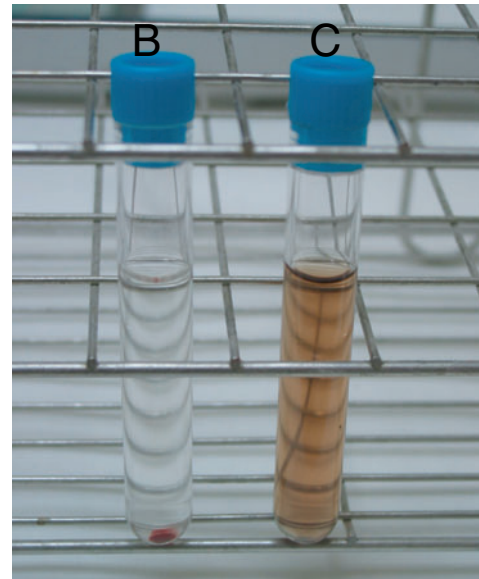


Figure 2 | (b) The artificially bloody PD effluent became clear with precipitation of blood cells after centrifugation. (c) The ‘cola-like’ PD effluent was resistant to centrifugation.

A 62-year-old woman presented with sudden onset of lower abdominal pain and lower limb weakness. She had a history of hypertension, hyperlipidemia, diffuse atherosclerosis, and renal failure from nephrosclerosis, and had been on peritoneal dialysis for 10 years. A clinical diagnosis of spinal cord infarction with paraplegia was made, and an MRI was arranged. However, she rapidly went into shock with a limited response to intravenous fluids and vasopressors. Rhabdomyolysis with elevated serum creatine phosphokinase (CK) up to 55,620 U/l was noted. The peritoneal dialysis (PD) effluent, initially clear

(bag a in Figure 1), became ‘cola-colored’ (reddish-brown) (bag c in Figure 1). The patient eventually died of pulseless electric activity associated with neurogenic shock and severe metabolic acidosis. The ‘cola-like’ color of the effluent was resistant to centrifugation (tube c in Figure 2). Further analysis of the effluent showed creatine phosphokinase 965 U/l, lactate dehydrogenase 1,652 U/l, myoglobin 20,405.5 μg/l, red blood cells (RBC) 26/μl, and white blood cells (WBC) 1/μl. Hemoglobinemia is an unusual cause of hemoperitoneum in patients on peritoneal dialysis.