



## Peritoneal Scintigraphy confirming pleural-peritoneal fistula

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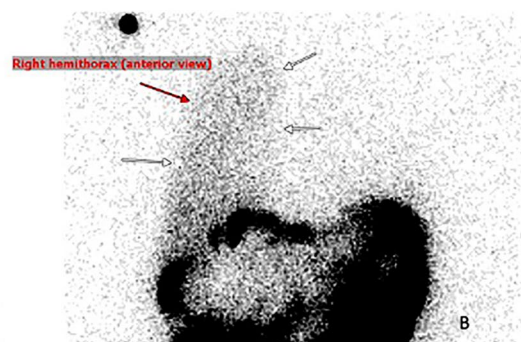
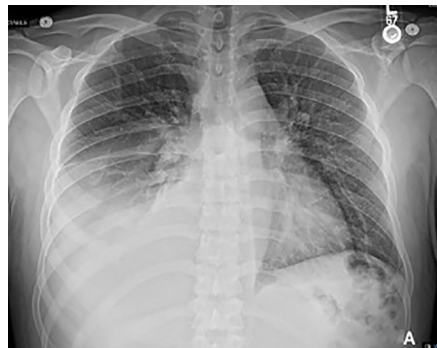
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A 32-year-old male with kidney failure secondary to focal segmental glomerulosclerosis who had been on peritoneal dialysis for 15 months, presented to the emergency room with shortness of breath and bilateral lower extremity edema worsening over the past 7 days. He reported full adherence with peritoneal dialysis and multiple hospitalizations in the past 6 months for recurrent right pleural effusion and volume overload. Physical examination showed a temperature of 37 °C, blood pressure of 120/67 mmHg, oxygen

saturation of 89% on room air, a peritoneal dialysis catheter in the right lower quadrant and decreased breath sounds with dullness to percussion of the right lung. A chest X-ray showed a large right pleural effusion (Fig. 1A). He declined thoracentesis due to previous pneumothorax complication. Given concerns for peritoneal leak he underwent radionuclide scintigraphy with intraperitoneal injection of technetium-99 m sulfur colloid [1]. Delayed images after injection demonstrated radiotracer uptake in the right pleural cavity,

**Fig. 1** a chest X-ray. b Scintigraphy images indicating pleural-peritoneal fistula



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confirming evidence of a right pleural-peritoneal communication (Fig. 1B). He agreed to undergo therapeutic thoracentesis and was transitioned to maintenance hemodialysis, which he remains on while awaiting deceased donor kidney transplantation.

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## Declarations

**Conflict of interest** The authors declare that they have no relevant financial interests.

**Ethical approval** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

**Informed consent** Informed consent was obtained from the patient.

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## Reference

1. Choudhary G, Manapragada PP, Wallace E et al (2019) Utility of scintigraphy in assessment of noninfectious complications of peritoneal dialysis. *J Nucl Med Technol* 47:163–168

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