

# **HUMAN ALBUMIN-ENRICHED PERITONEAL DIALYSIS: A NOVEL MULTIDISCIPLINARY APPROACH IMPROVED THE PROGNOSIS IN AN 81-YEAR-OLD FEMALE DECOMPENSATED CIRRHOSIS-AFFECTED PATIENT PRESENTING WITH REFRACTORY ASCITES AND HEPATORENAL SYNDROME**

Alessandro Federico

UEG Week Berlin 2025

Poster

Hepatobiliary

October 4, 2025

**A case report describes the first successful use of intraperitoneal albumin-enriched peritoneal dialysis for managing refractory ascites and hepatorenal syndrome-acute kidney injury in an 81-year-old patient with decompensated advanced chronic liver disease.**

## **KEY POINTS**

- An 81-year-old female with decompensated advanced chronic liver disease and refractory ascites developed hepatorenal syndrome-acute kidney injury requiring intervention beyond standard therapies
- After terlipressin was discontinued due to persistent anuria and worsening respiratory failure, a Tenckhoff catheter was placed and peritoneal dialysis with icodextrin removed 14 L of ascites and improved acute kidney injury within 72 hours
- A home-performable peritoneal dialysis schedule enriched with intraperitoneal human albumin was developed by adding two vials of 100 ml of 20% albumin to 800 ml of icodextrin solution, administered every other day for 12 hours
- The patient performed this albumin-enriched peritoneal dialysis schedule for 12 months without peritoneal dialysis-related complications or liver-related events requiring hospitalization

- The authors present this as the first successful use of intraperitoneal albumin-enriched peritoneal dialysis and emphasize the importance of multidisciplinary hepatology-nephrology collaboration in managing such patients

---

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/b6f6ae5a-a813-11f0-9177-0242ac140006>



**AI-generated summary**

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.