

Massive peritoneal calcifications in a patient with encapsulating peritoneal sclerosis

A 51-year-old woman with end-stage renal disease presented with mild abdominal pain and distension. Physical examination revealed diffuse abdominal stiffness without guarding or rebound. She has been receiving continuous ambulatory peritoneal dialysis for 14 years because she had refused haemodialysis. Abdominal computed tomography revealed extensive calcific thickening in the peritoneum surrounding the bowel loops, and clustering of encapsulated small bowel loops in the midline of the abdominal cavity (**Figure 1**). Following discussion, the patient agreed to begin haemodialysis and 10 mg/day tamoxifen was started to treat her encapsulating peritoneal sclerosis.

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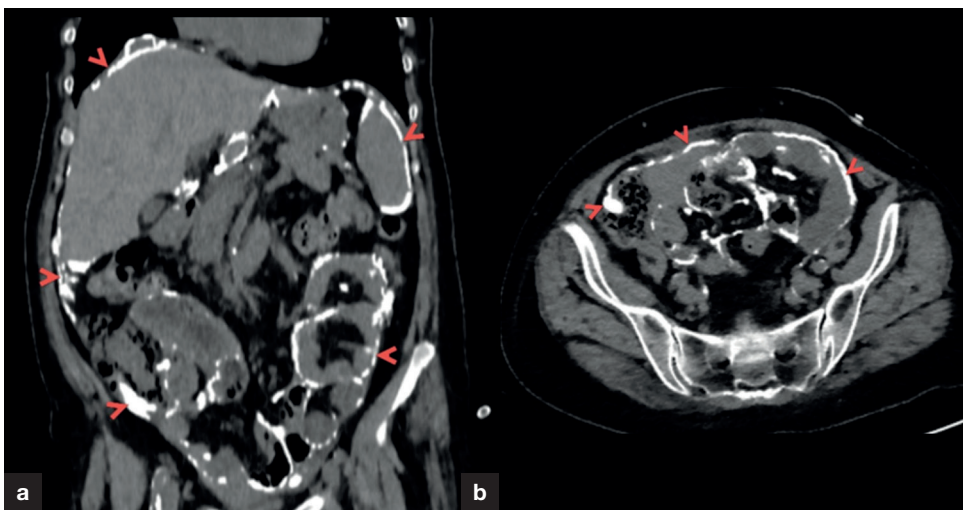


Figure 1. a. Coronal unenhanced abdominal computed tomography image showing diffuse peritoneal calcifications (arrowheads). b. Axial unenhanced abdominal computed tomography image showing diffuse peritoneal thickening and calcifications (arrowheads).

Encapsulating peritoneal sclerosis, also known as an abdominal cocoon, is a rare but life-threatening condition characterised by fibro-collagenous thickening of the peritoneum that encases the abdominal organs (Tseng et al, 2018; Singhal et al, 2019). However, massive peritoneal calcifications causing encapsulating peritoneal sclerosis are extremely rare (Loughrey et al, 1997).

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