Chronic Abdominal Pain in a Hemodialysis Patient

Jui-Hsiang Lin¹, Ja-Liang Lin², Chiao-Yang Lu² and Tzung-Hai Yen²

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Picture 1.

Picture 2.

A 64-year-old male hemodialysis patient was referred to our clinic due to symptoms of chronic abdominal pain. He suffered from chronic glomerulonephritis with end-stage renal disease and had undergone cadaveric renal transplantation 24 years prior. The transplant was complicated by graft failure within the first year after the surgery. Blood tests showed the following: hemoglobin, 9.9 g/dL (normal 13.5–17.5 g/dL); leukocyte, $3.0 \times 10^3/\mu\text{L}$ (normal 3.9–10.6/uL); blood urea nitrogen, 13 mg/dL (normal 6–21 mg/dL); creatinine, 4.78 mg/dL (normal 0.64–1.27 mg/dL); calcium, 8.8 mEq/L (normal 7.9–9.9 mEq/L); phosphorus, 2.8 mg/dL (2.4–4.7 mg/dL); intact-parathyroid hormone, 24.6 pg/mL (normal 14.0–72.0 pg/mL) and high-sensitivity C-reactive protein, 1.11 mg/L (normal <3.0 mg/L). The dialysis adequacy report demonstrated a Kt/V of 2.06 (normal >1.2) and a urea reduction ratio of 0.83 (normal >0.65). Notably, plain

radiography and computed tomography of the abdomen revealed a complete calcification of the failed renal allograft (Pictures 1, 2). The mechanism of calcification in this case remains to be elucidated (1), but factors such as chronic rejection or chronic kidney disease-mineral and bone disorder (CKD-MBD) could be potential causes.

The authors state that they have no Conflict of Interest (COI).

Reference

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¹Department of Nephrology, Taoyuan General Hospital, Taiwan and ²Department of Nephrology, Chang Gung Memorial Hospital and Chang Gung University, Taiwan

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Correspondence to Dr. Tzung-Hai Yen, m19570@adm.cgmh.org.tw

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