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Theme : Miscellaneous

Tamoxifen treatment for Peritoneal Fibrosing Syndromes. A comparison to a non-treated historical series

Bajo, M.A., Del Peso, G., Castro, M.J., Sanchez-Villanueva, R., Gonzalez, E., Romero, S., Olivas, E., Selgas, R.; Hospital Universitario La Paz, Madrid, Spain

Encapsulating peritoneal sclerosis is a serious complication of PD with a high mortality rate. Early diagnosis is mandatory in order to avoid its fatal consequences. Tamoxifen is an anti-estrogen drug that has been shown to be useful in the treatment of other fibrosing diseases. The purpose of this study is to evaluate the effect of Tamoxifen for sclerosing peritonitis (SP) treatment. We included all our patients diagnosed of SP. To compare the outcome of patients treated or not with tamoxifen, we established two groups, 14 patients treated with tamoxifen (20 mg/12h) (TG) for 15.5 ± 6.8 months and another 15 patients with SP who received no treatment (CG). There were no significant differences between both groups for age, accumulated days of inflammation activity, incidence of peritonitis and hemoperitoneum, days of active inflammation during the last episode, values of peritoneal transport for small solutes and ultrafiltration capacity at baseline and time on PD (60.6 ± 32 in CG vs. 64.1 ± 43 months, in TG). Complications related to SP were less frequent in TG than in controls (p=0.004). One patient treated with tamoxifen and six patients from CG developed encapsulating SP (p=0.039). Thirteen patients from CG and six from TG died during the follow-up (p=0.013). Causes of death were related to SP in six patients in CG and one in TG (p=0.039). All these complications appeared before six months of follow-up in the control group. Survival analysis demonstrated that mortality related to SP was significantly higher in patients non treated with tamoxifen (p=0.038). Overall mortality was also significantly higher in control group at the first year (p=0.01). In conclusion, our experience suggests that the treatment with tamoxifen of patients diagnosed of SP may be beneficial and should be considered. It diminishes the complications related to SP and significantly decreases mortality.