

## Images of Interest / Imagens de Interesse

**Peritoneal Scintigraphy for Assessment of Pleuroperitoneal Communication***Cintigrafia Peritoneal na Avaliação de Comunicação Pleuroperitoneal*Adriana Sá Pinto<sup>1</sup>, Rita Vicente<sup>2</sup>, Nicole Pestana<sup>3</sup>, Patrícia Gouveia<sup>1</sup>, Ricardo Teixeira<sup>1</sup><sup>1</sup>Serviço de Medicina Nuclear, Centro Hospitalar e Universitário do Porto, Porto, Portugal<sup>2</sup>Serviço de Nefrologia, Hospital Espírito Santo de Évora, Évora, Portugal<sup>3</sup>Serviço de Nefrologia, Centro Hospitalar do Funchal, Funchal, Portugal**Address**Adriana Sá Pinto  
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2021. Re-use permitted under CC BY-NC. No  
commercial re-use.**Abstract**

A 19-year-old woman with chronic kidney disease (stage 5D), under peritoneal dialysis, was suspected of pleuroperitoneal communication. Peritoneal scintigraphy confirmed the diagnosis and the patient was transferred to hemodialysis.

**Keywords**

C3 glomerulopathy; Pleuroperitoneal communication; Peritoneal scintigraphy.

**Resumo**

Mulher de 19 anos com doença renal crónica estadio 5D, sob diálise peritoneal, apresenta suspeita de comunicação pleuroperitoneal. Solicitada cintigrafia peritoneal para confirmação do diagnóstico, tendo sido a doente transferida para hemodiálise.

**Palavras-chave**

Glomerulopatia C3; Comunicação pleuroperitoneal; Cintigrafia peritoneal.

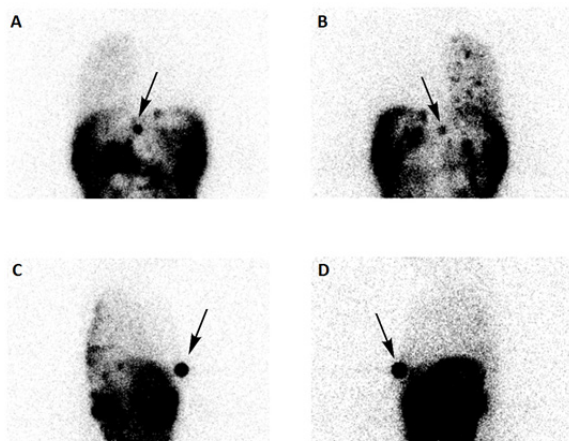
A 19-year-old woman with chronic kidney disease (stage 5D, secondary to C3 glomerulopathy), under peritoneal dialysis since May 2019, presented with retrosternal pain and dyspnea during a Nephrology appointment. Chest radiography revealed right pleural effusion of moderate/large volume.

The patient had been recently submitted to thoracocentesis.

The pleural fluid was a transudate with a glucose concentration of 200 mg/dL, which raised the suspicion of pleuroperitoneal communication. To confirm the diagnosis a peritoneal scintigraphy was requested.

An intraperitoneal injection of 185 MBq of [99mTc]Tc-macroaggregated albumin was performed via the Tenckhoff catheter, along with the instillation of dialytic solution (2.3% glucose). Thoracic and abdominal static images were acquired 5 hours after the administration of the radiopharmaceutical in anterior (A), posterior (B) and lateral right (C) and left (D) views. In our department there are no SPECT-CT facilities, so a [99mTc]Tc-pertechnetate mark was placed at xiphoid process to help anatomy location (black arrow).

Peritoneal scintigraphy demonstrated leakage of peritoneal fluid into the right pleural cavity, with no abnormal tracer accumulation detected in the left hemithorax, thereby confirming a right pleuroperitoneal communication. The patient was transferred to hemodialysis.



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### **Ethical disclosures / Divulgações Éticas**

*Conflicts of interest:* The authors have no conflicts of interest to declare.

*Conflitos de interesse:* Os autores declaram não possuir conflitos de interesse.

*Financing Support:* This work has not received any contribution, grant or scholarship.

*Suporte financeiro:* O presente trabalho não foi suportado por nenhum subsídio ou bolsa.

*Confidentiality of data:* The authors declare that they have followed the protocols of their work center on the publication of data from patients.

*Confidencialidade dos dados:* Os autores declaram ter seguido os protocolos do seu centro de trabalho acerca da publicação dos dados de doentes.

*Protection of human and animal subjects:* The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

*Proteção de pessoas e animais:* Os autores declaram que os procedimentos seguidos estavam de acordo com os regulamentos estabelecidos pelos responsáveis da Comissão de Investigação Clínica e Ética e de acordo com a Declaração de Helsínquia da Associação Médica Mundial.

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