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PII: S0272-6386(24)00785-6

DOI: <https://doi.org/10.1053/j.ajkd.2024.03.027>

Reference: YAJKD 58159

To appear in: *American Journal of Kidney Diseases*

Received Date: 19 March 2024

Accepted Date: 31 March 2024

Please cite this article as: Curto A, Pereira TA, Ferreira AC, The Use of Ultrasound in Peritoneal Dialysis Setting, *American Journal of Kidney Diseases* (2024), doi: <https://doi.org/10.1053/j.ajkd.2024.03.027>.

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The Use of Ultrasound in Peritoneal Dialysis Setting

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To the editor:

We read with interest the article by O'Neill *et al.*¹, recently published in AJKD, focused on ultrasound (US) for nephrology practice across the spectrum of kidney disease. We agree that the use of US technology will improve diagnostic accuracy and increase quality outcomes in nephrology practice. Further, in our experience and according to convincing literature, we recommend that Peritoneal Dialysis (PD) should also include US guidance in clinical practice, particularly PD access.

US evaluation of the abdominal wall, including the visceral slide test, can aid in the selection of patients for percutaneous insertion of PD catheters, as shown by Shanmugalingam *et al.* (2017)². In the 2023 update of PD catheter-related infections by the International Society of Peritoneal Dialysis, the use of ultrasound has already been incorporated in the definition of tunnel infection³. US can also be used to evaluate exit-site infections and pericatheter leaks⁴.

Volume assessment by US is well established for the hemodialysis population after the publication of the Lung Water by Ultrasound-Guided Treatment in Hemodialysis Patients (LUST) trial, as the authors state⁵. It is our firm opinion that ultrasound can also be used with the same premises in PD patients, although studies are lacking on this subject.

We believe that this is an exciting time for US in Nephrology, with the increasing availability and acceptance as a bedside technique. We think that DP practitioners should embrace it in clinical practice and address its utility and results in further studies.

Article Information

Financial Disclosure: The authors declare that they have no relevant financial interests.

Peer Review: Received March 19, 2024. Accepted March 31, 2024 after editorial review by a Feature Editor and a Deputy Editor.

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