

<抄録>

A 58-year-old Japanese male with chronic hepatitis C underwent kidney transplantation from an unrelated donor in 1998. In 2004, the patient was admitted for spontaneous bacterial peritonitis (SBP). Abdominal paracentesis and albumin transfusion were performed, but control of ascites was poor and prerenal failure was diagnosed.

A randomized, controlled study of patients with SBP showed that patients receiving cefotaxime with a high volume albumin transfusion (50-75 g/50 kg) were significantly less likely to have irreversible renal failure and had lower mortality. But albumin transfusion is often limited to single treatments in the range of only 25 g (25%, 100 ml) in Japan. A single cell-free and concentrated ascites reinfusion therapy (CART) treatment can reinfuse approximately 60 g of albumin, corresponding to a high volume albumin transfusion capable of reducing the associated risk of infection or allergic reaction.

After the ascites were found to be negative for endotoxins, CART was performed. Ascites and acute prerenal failure was improved without observation of fever, hypotension, or other adverse effects.