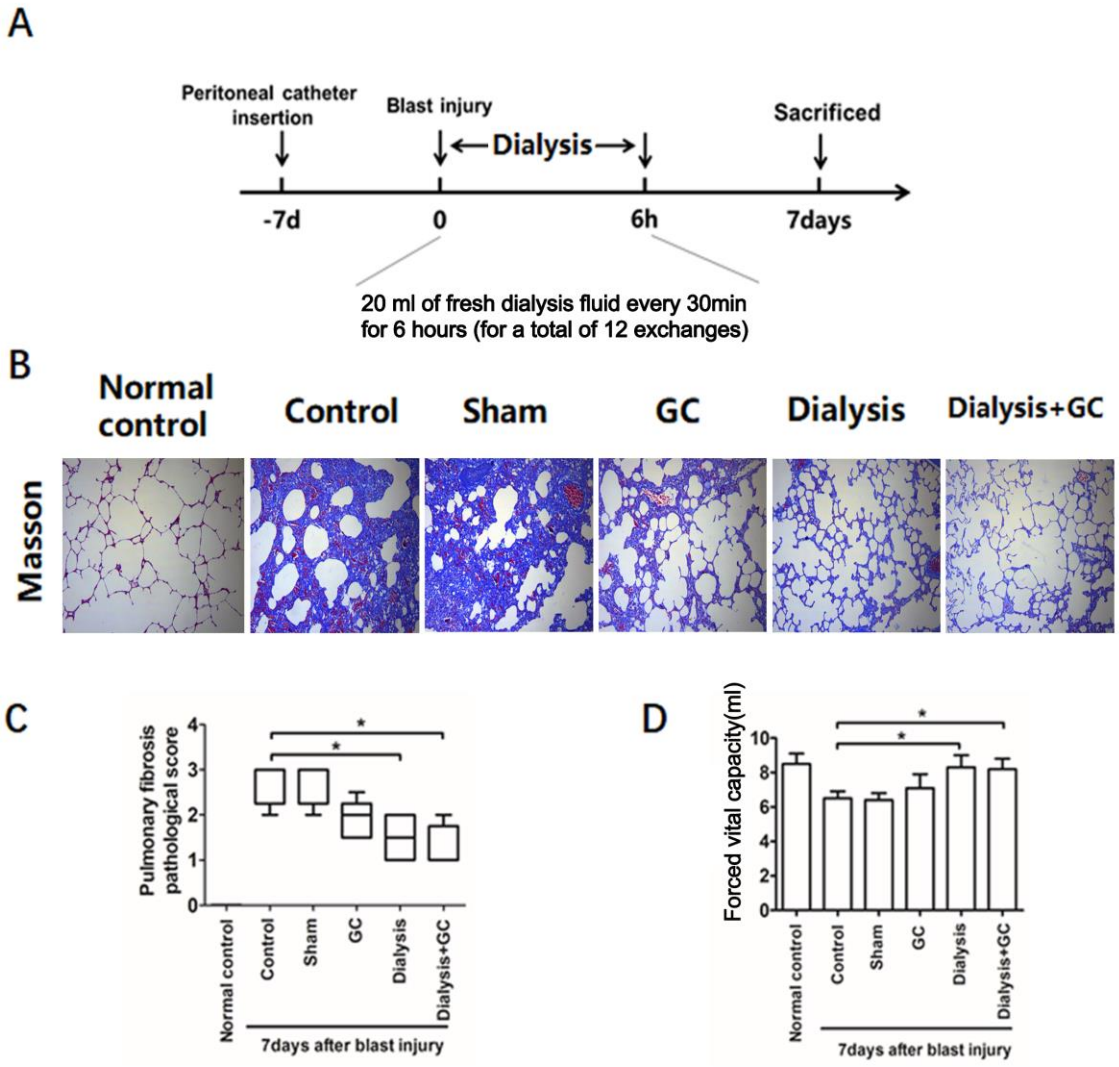
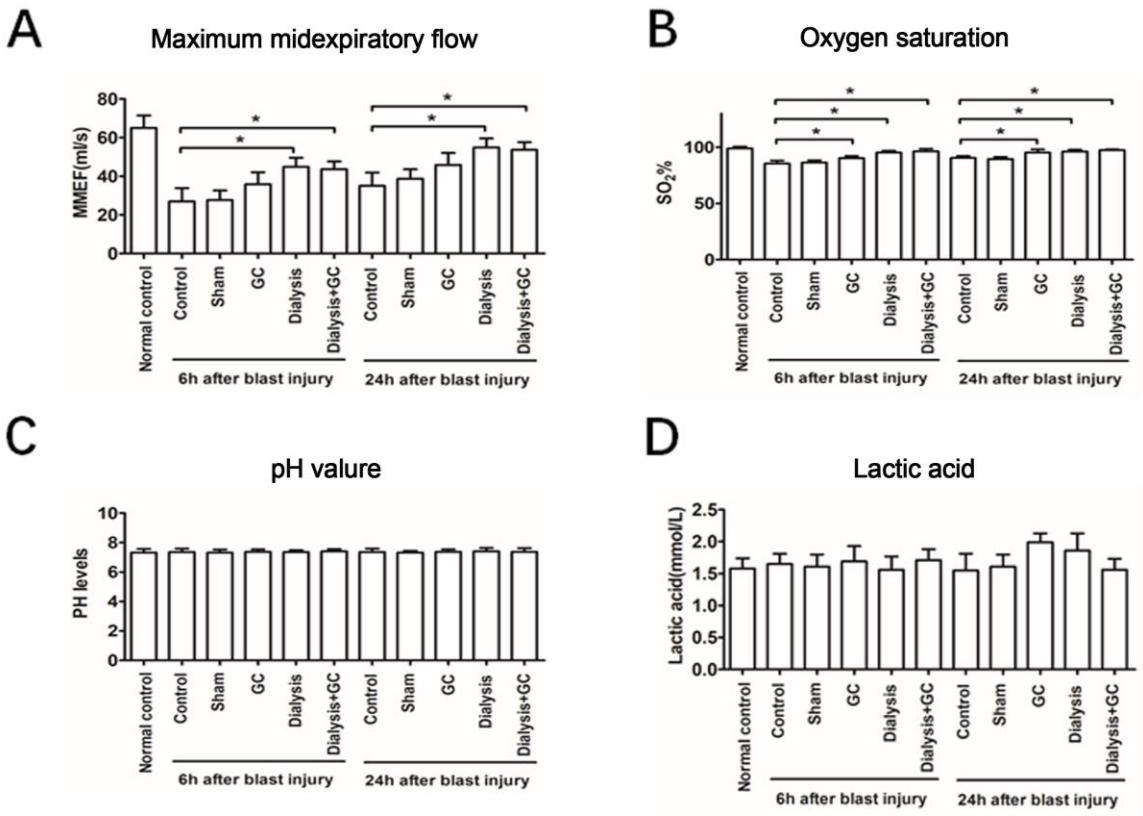
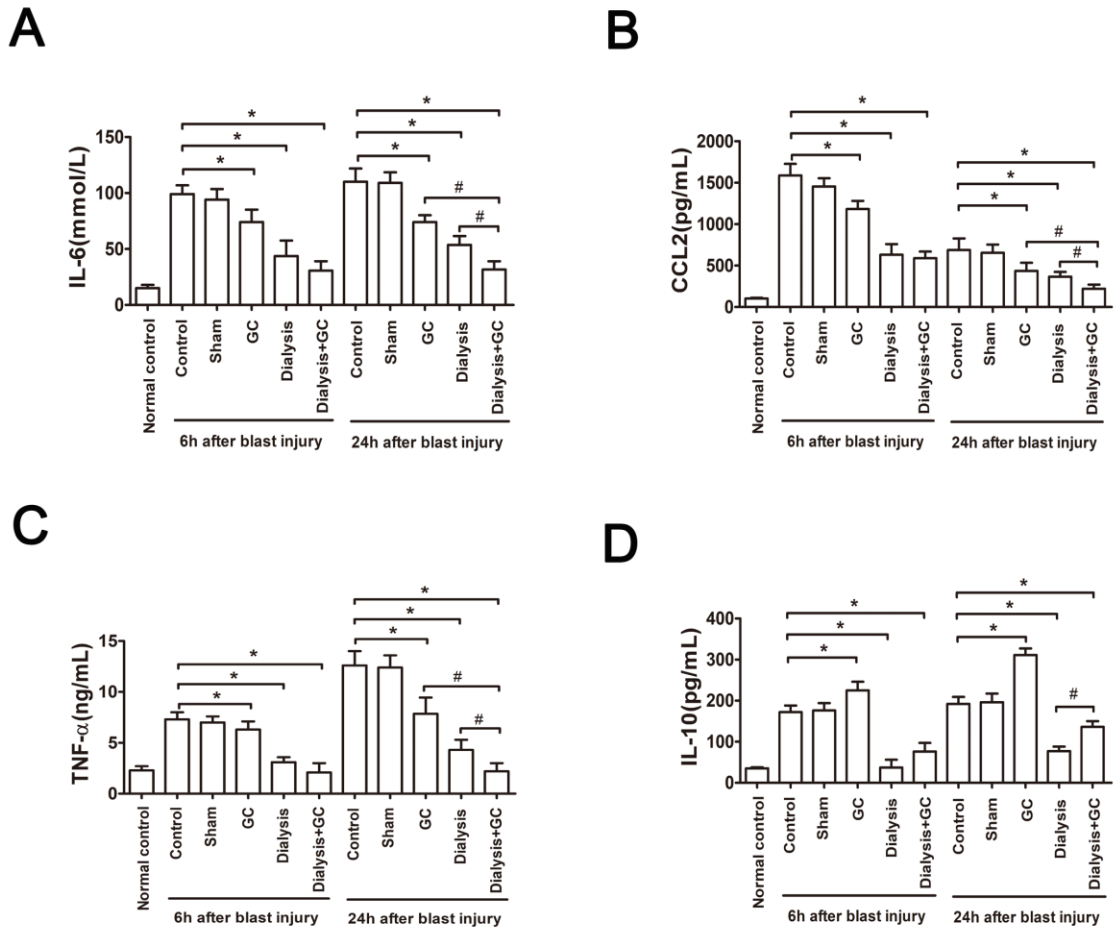


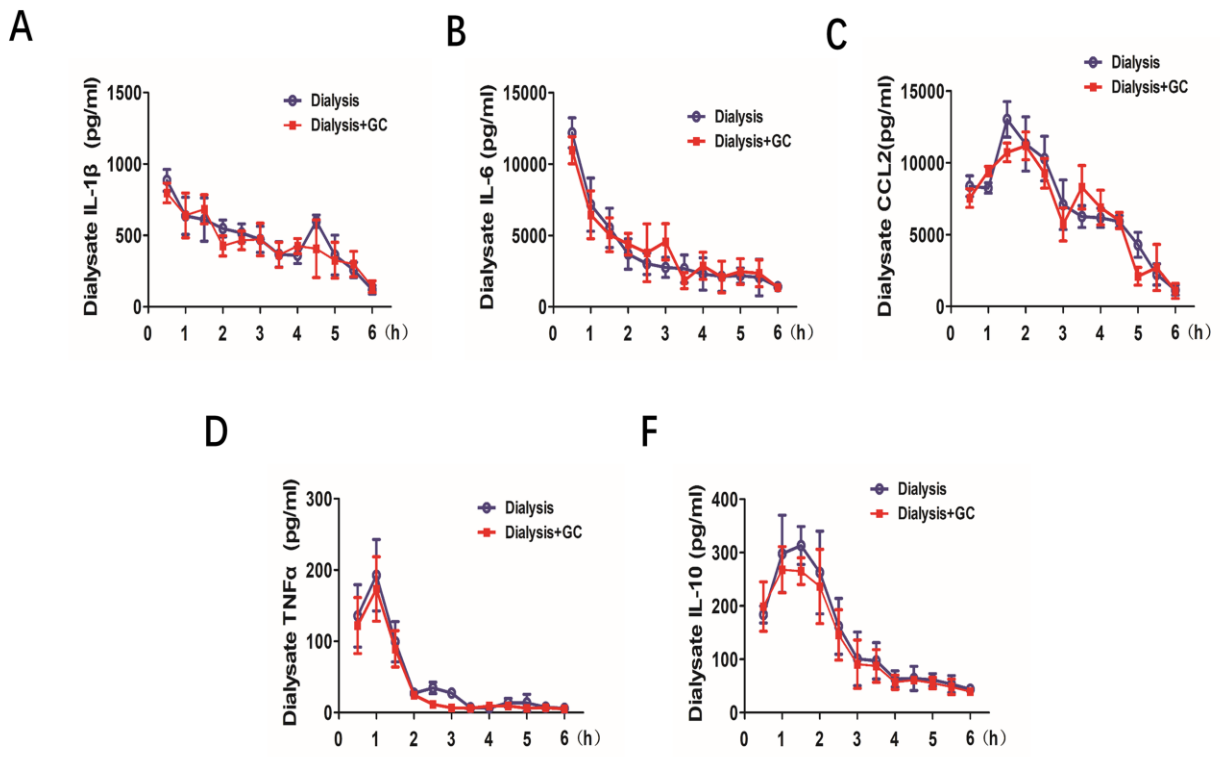
Supplementary Figure 1. Peritoneal dialysis prevents lung fibrosis at 7 days after blast injury. (A) Schematic diagram of the experimental process；(B) Pulmonary fibrosis was detected by Masson staining in lung tissue. (C) Pulmonary fibrosis pathological score for each group. (D) Forced vital capacity (FVC) was detected in all groups by the EMMS eSpira™ system. N=5 for each group. *$p < 0.05$ vs. the control. Pulmonary fibrosis pathological score was presented as the medians and interquartile ranges. The other data are presented as the means ± standard deviation.



Supplementary Figure 2. Peritoneal dialysis protects lung function at 6 h and 24 h after blast injury without affecting the blood pH value. (A) Pulmonary function analysis was performed in all groups after blast injury. Maximum midexpiratory flow (MMEF) was measured by the EMMS eSpira™ system. (B-D) Blood gas analysis of abdominal aortic blood was detected in all groups after blast injury. The oxygen saturation (SCO2), pH value and lactic acid concentration were measured by a portable blood gas analyzer. *$p < 0.05$ vs. the control. The data are presented as the means ± standard deviation.



Supplementary Figure 3. Peritoneal dialysis and GC inhibit serum pro-inflammatory factor levels 6 h and 24 h after blast injury. Serum IL-6 (A), MCP-1(B), TNF-α (C) and IL-10 (D) were detected using a Milliplex kit at 6 h and 24h after blast injury. *$p < 0.05$ vs. the control. $^{\#}p < 0.05$ vs. the dialysis + GC group. The data are presented as the means ± standard deviation.



Supplementary Figure 4. Levels of inflammatory factors in the Peritoneal dialysis solution 0-6 h after blast injury. Peritoneal dialysis was initiated immediately after blast injury with peritoneal dialysate exchanges occurring every 30 min. Dialysate concentrations of IL-1β (A), IL-6 (B), MCP-1 (C), TNF-α (D) and IL-10 (E) were measured using a Milliplex kit at 0.5-6 h after blast injury.