Chylothorax and Chylous ascites: the same aetiology for two different conditions.

Quilotórax y Ascitis Quilosa: la misma etiología para dos entidades diferentes.

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Abstract
The authors present a rare case of a 90 years old man non-traumatic chylothorax and chylous ascites.

Keywords: Chylothorax, Chylous ascites, Lymphoma

Chyous pleural effusions result from disruption/obstruction of the thoracic duct1. Chylous ascites is due to an interruption in the lymphatic system2. Simultaneous accumulation of chyle in multiple cavities, in non-traumatic etiologies, is rare3.

A 90-year-old man was admitted in the emergency department complaining of progressive breathlessness, dry cough, asthenia and abdominal distension over the last 8 days. He denied fever, anorexia and weight loss. He was no past of smoking habits and his past medical history was not relevant, besides history of hypertension. General physical examination showed a pale male, emaciated, with breath sounds absent in left basal area with stony dull percussion note. Per abdomen, shifting dullness

Fig. 1. Chest radiograph showing a left pleural effusion.
progressive deterioration of clinical status with unfavorable evolution. Lymphomas are one of the main non-traumatic causes of chylothorax and chylous ascites (70% of cases, mostly non-Hodgkin lymphoma)\(^4,5\) and may be the first manifestation of the disease. Patients with leaks from retroperitoneal lymphatics may present as isolated chylothorax or combined with chylous ascites\(^4\).

Treatment is the same as that of the hematologic malignancy. A pleural/ascitic fluid triglyceride level greater than 110 mg/dL is an accurate marker for the presence of chylothorax/chylous ascites\(^1,3\).

References


Fig. 2. Abdominal computed tomography (coronal view, showing a large mass surrounding the aorta (14x11cm).