Management of Persistent Chylothorax & Chylous Ascites after 3 Field Lymphadenectomy

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Sex / Age: M / 68

Chief complaint: Dyspepsia with reflux

Present illness:

- Chronic Alcoholics로 여러 차례 입원 치료 받음
- 09년 5월 20일 Dyspepsia with reflux 증상으로 개인 병원에서 GERD로 치료 하던 중 hematemesis 증상 있어서 EGD 시행 후 Esophageal cancer 진단되어 본원으로 전원옴

Past medical history: DM / HTN (-/-), 25 PY smoker

Review of systems : Weight loss 4Kg /2 weeks

Preoperative evaluation

- **EGD :** 23cm from incisor

  esophageal lumen was nearly obstructed by fungating mass with blood oozing
- **Biopsy :** Squamous cell carcinoma
- **EUS :** not done
- **Bronchoscopy :** No evidence of airway invasion
- **Chest CT :**

  Proximal esophageal cancer with involved segment of about 9cm length.

  marginally enlarged LN in the celiac axis area, which are rather benign.
- **FDG PET-CT**

  A large hypermetabolic mass in the intrathoracic esophagus

Hospital course

09-6-16

- admission to GW,
- C-line insertion & hyperalimentation

09-6-22 (HD #7)

- **Diagnosis** : Esophageal cancer (Upper to Mid, SCC, c T4N1M0)
- **Operation :** 3 field lymphadenectomy
    - Transthoracic esophagectomy
    - Cervical esophagogastrostomy
    - 3 field LN dissection
    - Pyloromyotomy
    - Feeding jejunostomy

09-6-24 (POD#2) Atrial fibrillation : Dopamine & diltiaxem medication

09-6-25 (POD#3) Extubation

09-6-27 (POD#5) Transfer to GW

09-6-28 (POD#6)

- Chest tube : 1780cc/D, serous pleural fluid
- r/o chylothorax (pleural TG/Chol 111/29 mg/dl, serum TG/Chol 187/88 mg/dl)

09-6-29 (POD#7) Consult to ENT

- Voice change (+)
- Lt. VC palsy

09-7-2 (POD#10)

- Esophagography : No anastomotic site leak, No passage disturbance
- NPO 유지

09-7-8 (POD#16) **Thoracic duct ligation** via redo-thoracotomy

- 이후 NPO 및 TPN으로 conservative treatment 시행하였으나 지속적으로 매일 약 1000cc 정도 pleural fluid drainage 되어서 thoracic duct ligation 시행함.

09-7-12 (POD#20/4)

- 수술 후에도 chest tube drainage 2000cc 이상 유지됨
- Hb 7.9 mg/dl로 P-RBC 2 pints Transfusion

09-7-13 (POD#21/5) Anterior chest tube 제거

09-7-14 (POD#22/6) chest tube clamp 시행 (AC 89 => 91)

09-7-18 (POD#26/10)

- Chest tube declamp 시행 (AC 91 => 87)
- serosangenous 양상의 pleural fluid 7100cc drain

09-7-20 (POD#28/12) **RT consult**

- Cistern chyli 부위에 2주간 therapeutic RT 시도
- RM (+)는 추후 close F/U

09-7-23 (POD#31/15) palliative **RT** 시작

- CT volume : 1910 cc/D

09-7-27 (POD#35/19) S.O.W 200cc oral try

- CT volume : 1300 cc/D

09-7-31 (POD#39/23)

- CT volume : 750 cc/D

09-8-5 (POD#42/26) RT 종료 (2000cGy #10)

- CT volume : 360 cc/D

09-8-10 (POD#47/31) No fat diest 시작

- pleural fluid color change (-)
- CT volume : 100 cc/D

09-8-12 (POD#49/33) Low fat diet 시작

- CT volume : 50 cc/D

09-8-14 (POD#51/35) 일반식 연식, 2000cc oral intake

- pleural fluid color change (-)
- CT volume : 50 cc/D => Chest tube 제거

09-8-17 (POD#54/38) discharge

09-12-23 Last OPD F/U

- Chest CT (09-12-16)
  No evidence of local tumor recurrence nor metastatic lesion in the thorax.
  Multifocal subsegmental atelectasis in both lower lung zones.
- EGD : Anastomosis site stenosis – mild, Hemorrhagic gastritis

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Discussion point

#1. How do you prevent the chylothorax or chylous ascites during thoracic surgery or esophageal surgery? Do you have any special method?

#2. When do you decide to perform an operation for persistent chyothorax after thoracic surgery?

#3. Do you have any other treatment option for persistent chylothorax after thoracic duct ligation?