

**CASE REPORT**

# **Persistent Chyle Leak Post Nipple Sparing Mastectomy With Axillary Clearance: An Experience With Conservative Treatment**

Ashvirni Gilbeth<sup>1</sup>, Lavannya Rangas Paran<sup>1</sup>, Yee Ling Tan<sup>1</sup>, Anita Baghawi<sup>1</sup>

---

Corresponding author email id: [ashvirnigilbeth1611@gmail.com](mailto:ashvirnigilbeth1611@gmail.com)

## **INTRODUCTION**

Chylous fistula, a complication related to thoracic duct injury or its branches, may develop following neck or thoracic abdominal surgery. However, chyle leak after mastectomy with axillary clearance is an unusual phenomenon. Seroma formation and chronic lymphoedema of the upper limb are far more common. The reported incidence of chylous fistula after breast cancer surgery is less than 0.5%. It may delay wound healing, extend hospitalization, impair the immune system, and affect the initiation of adjuvant therapy. Therefore, I present a case of chyle leakage following a left -side nipple sparing mastectomy with axillary dissection in a patient with invasive carcinoma. Although rare, it is important that all breast surgeons should be aware that a chylous fistula can develop after axillary dissection and its available treatment options.

## **CASE**

A 40-year-old woman diagnosed with left breast invasive carcinoma with completion of six cycles of neoadjuvant chemotherapy undergone Left Nipple Sparing Mastectomy with Tissue Expander and Axillary Clearance developed chyle leak 12 days postoperatively. Intra operative findings recorded multiple large axillary lymph node, largest reported 4cm. Patient returned with persistent chyle leak in left axillary drain. It was successfully managed with negative pressure drainage, low fat diet, medium chain Triglycerides (MCT) oil and a course of antibiotics. Upon discharge, patient had no clinical recurrence, excellent cosmesis, breast symmetry and patient satisfaction were achieved.

---

<sup>1</sup> Hospital Putrajaya, Wilayah Persekutuan Putrajaya, Malaysia

## **DISCUSSION**

Extensive nodal disease involving the axilla space may be attributed with higher risk of thoracic duct injury. In this case multiple large axillary lymph nodes may be the risk factor contributed to chyle leak. It could be avoided with careful dissection and ligation in the deep axillary space.

## **CONCLUSION**

Encountering chyle leak after axillary dissection is rare, though it can occur. Treatment is usually conservative; nevertheless, awareness of this potential complication is of the utmost importance.