CASE REPORT

Chylous Ascites In Colorectal Surgery And Its Risk Factor: A Rare Situation

Ashvirni Gilbeth¹, Yee Ling Tan¹, Anita Baghawi¹

Corresponding author email id: ashvirnigilbeth1611@gmail.com

INTRODUCTION

Chylous leakage is an unusual event after abdominal surgery and even more during colorectal procedures. Chylous leakage is a type of postoperative lymphatic leakage that occurs when chyle fluid drains from the drainage tube without evidence of lymphocele, lymphorrhea or chylous ascites. In this case, I present a 47-year-old male with an extended right hemicolectomy done for palliative measures. Based on literature search, this is the first reported case of its kind with rewarding conservative management.

CASE

A 47-year-old gentleman diagnosed with perforated transverse colon tumour involving liver, nodal and possible bone metastasis, pT4a pN2b pM1c underwent an extended right hemicolectomy for palliation. Intra operative findings recorded that a bulky tumour was extending from proximal transverse colon till mid transverse with nodular surface and a decision for palliative resection was made in view of tumour burden at the liver and para-aortic node involvement. Histopathology reported that there were 30 nodes resected whereby 21 nodes showed metastasis. He was presented with chylous ascites 6 days post operatively while warded which was proven biochemically and it was managed supportively with low fat diets and medium chained triglyceride. The median measure of leakage was 600ml/ day which persisted up to 13 days. Upon discharge, he was event free, and was not delayed for adjuvant chemotherapy.

¹ Hospital Putrajaya, Wilayah Persekutuan Putrajaya, Malaysia

DISCUSSION

Extended tumour resection and lymph node dissection lead to the injury of the delicate structures that drain chyle. From this case, it can be concluded that the number of lymph nodes resected was the only factor associated with the risk of chyle leaks and conservative treatment was accomplished in 20 days.

CONCLUSION

Post-operative chylous ascites requires a pragmatic approach towards its management. Whilst the majority of cases resolved without surgical intervention, preventative measures should be undertaken such as meticulous dissection and clipping of lymphatics to prevent morbidity.