

Conservative Management of Chylous Ascites Following Endometrial Cancer Staging

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To present a case of chylous ascites after staging surgery for endometrial carcinoma

A 57 years old postmenopausal woman was operated for endometrial cancer, chylous ascites developed after this surgery. Chylous ascites was treated conservatively include low fat diet and medium chained triglyceride parenterally.

Chylous ascites may be successfully managed with conservative approach without surgical intervention.

Key Words: Chylous ascites, Retroperitoneal surgery, Endometrial cancer, Conservative approach

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Introduction

Chylous ascites described as accumulation of chylous fluid in the abdominal cavity is a rare complication in the field of gynecologic oncology mainly caused by retroperitoneal lymph node dissection due to surgical staging of gynecologic malignancies.¹ Surgical trauma to the lymphatic system stands as the primary reason for ascites formation when encountered postoperatively.² In this report a case of chylous ascites managed with conservative approach after surgical staging for endometrial carcinoma was presented.

Case Report

A 57-year-old woman admitted to our clinics with postmenopausal bleeding. Endometrial biopsy revealed grade 2, endometrioid adenocarcinoma. Surgical staging including total abdominal hysterectomy, bilateral salpingo-oophorectomy, bilateral pelvic and para-aortic lymph node dissection and omentectomy was performed. Histopathologic examination reported as grade 2, stage IB endometrioid adenocarcinoma. 15 paraaortic and 29 pelvic lymph nodes were removed.

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On the second postoperative day, patient started to be fed per oral and first 3 days postoperatively the patient did not represent any complications or unusual findings. At the 3rd day after surgery patient complains about nausea and vomiting that did not raise much discomfort. Accumulation of 1200 ml of milky fluid in the drains of patient was detected with. The physical examination of the abdomen revealed a distention that was interpreted as probable ascites. The drainage of milk-white fluid continued as 1450ml/day on the postoperative 5th day with a denser white color while patient was not symptomatic with regards to acute abdomen or peritonitis. The drainage fluid was sent to laboratory for examination and it was reported as; Triglyceride level 550 mg/dL, cell count over 500 predominantly of lymphocytes, total protein level of 4 g/dL, amylase 18 IU/L, glucose level 78 mg/dL and pH 7.64, where as the blood tests were reported as glucose 106 mg/dL, WBC 7.6 x10⁹, triglyceride 208 mg/dL representing no infection.

We regarded the case as a classical uncomplicated chylous ascites and started low-fat diet including only medium-chain triglycerides via total parenteral nutrition and oral intake was restricted to water on the postoperative 5th day. We did not choose to give additional medicine like octreotides to manage ascites. The amount of drained fluid was 1520 ml at maximum on the 6th day with the same color and density. The seventh day postoperatively, the amount of drained fluid lowered to 350 ml dramatically demonstrating a less dense and serous fluid which was still white colored. The patient's complaints also disappeared on the 8th day with no evident distention of the abdomen at the physical examination. Total parenteral nutrition and low fat diet continued as the average drained volume was still above 250 ml/day. On the postoperative 12th day the drain was removed concurrent with stopping total par-

enteral nutrition consequently after observing a serous fluid with an amount of 150 ml in the drain. The patient started oral intake and no evidence of ascites was found. An abdominal ultrasound was performed on the 20th day which was clear for ascites or any intrabdominal pathology.

Discussion

Incidence of chylous ascites is practically reported as 1 in 20.000 by Press. et al.³ The review of literature shows that 2% to 7% of occurrence among patients who underwent retroperitoneal lymph node dissection.^{4,5} Chylous ascites can occur early (around one week) postoperatively due to disruption of the lymphatic vessels or late (several weeks to months) due to adhesions or extrinsic compression of lymphatic vessels.

Despite having a rare overall occurrence in the gynecology clinics as a complication following surgeries, chylous ascites has been reported to be related with significant morbidity and mortality, especially in case of developing peritonitis.⁶ The reports show surgical gynecologic oncology procedures concerning retroperitoneum especially paraaortic lymphadenectomy stands as one of the primary reason of chylous ascites formation in patients with gynecologic malignancies.⁷ The conservative management of chylous ascites includes low fat diet, medium-chain triglycerides content in the total parenteral nutrition and medication of octreotids which is a somatostatin analogue.^{8,9} In most of the cases of chylous ascites such as ours, conservative management is an adequate approach. There are cases of peritonitis and chyloperitoneum causing fistulas that needed further treatment modalities including octreotide and diuretics medication, paracentesis and surgical interventions. Surgical management for chylous ascites includes the placement of a peritoneovenous shunt which is likely to be more complicated than ascites itself.¹⁰ However in this case the application of low fat diet and parenterally medium chained triglyceride showed optimal results there was no need for a medication of neither octreotides nor diuretics. The rapid resolution of ascites on the 8th day may also suggest the spontaneous resolution of a obstructed lymphatic vessel especially intestinal and lumbar trunks. We present a case of chylous ascites that successfully managed with conservative approach without surgical intervention.

Endometriyal Karsinoma Cerrahi Evrelemesi Sonrası Gelişen Şilöz Asitin Konservatif Tedavisi

Endometriyal karsinoma cerrahi evrelemesi sonrasında gelişen şilöz asit vakasının sunumu.

Endometriyal karsinomun cerrahi tedavisi sonrası gelişen şilöz asitli 57 yaşındaki postmenopozal hasta sunulmuştur. Şilöz asit konservatif yaklaşım olan yağdan fakir diyet ve orta zincirli trigliserid içeren total parenteral nutrisyon ile tedavi edildi.

Şilöz asit cerrahi müdahale olmadan konservatif yaklaşım ile başarılı şekilde tedavi edilebilir.

Anahtar Kelimeler: Şilöz asit, Retroperitoneal cerrahi, Endometriyal kanser, Konservatif yaklaşım

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