CLINICAL CASE OF CHYLOTHORAX IN COMBINATION WITH HIV INFECTION

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Abstract

Chylothorax is a pathological condition caused by obstruction or damage to the thoracic duct, which provides an outflow of lymph from the lower part of the body and gastrointestinal tract. The condition is manifested by the progressive accumulation of the chyle in the pleural cavity, which contains lymph of intestinal origin — milky, opalescent fluid, rich in lymphocytes, protein, triglycerides and chylomicrons.

The most common symptom of chylothorax is shortness of breath, which usually occurs due to compression of the lungs by a significant accumulation of chyle. The diagnosis is established after removal of milky-white fluid from the pleural cavity during thoracentesis. The peculiarity of chylothorax in AIDS patients suffering from malnutrition is that the fluid may not have the typical milky appearance due to poor absorption of oral fat and depletion of chylomicrons.

The set of therapeutic measures for chylothorax in each case is individual. Treatment in all patients is aimed at stopping lymphorrhea in the pleural cavity and elimination of chylothorax.

We presented a case where a combination of different treatment options was used, namely conservative therapy, videothoracoscopic parietal pleurectomy, thoracic duct ligation.

Key words: chylothorax, HIV infection, pleural cavity.