

A case of portal vein stenting for chylous ascites complicating malignant portal vein stenosis.

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Introduction: Chylous ascites is a rare condition. Common causes for chylous ascites are abdominal surgery, trauma, lymphatic invasion of malignancies, tuberculosis infection, and liver cirrhosis. Rarely, chylous ascites secondary to malignant portal vein thrombosis can occur. We present a case of chylous ascites caused by local recurrence of pancreatic cancer which is completely resolved by percutaneous transhepatic portal vein stenting. **Case report:** a 58-year-old female came to clinic presenting acute abdominal distension developed a few weeks ago. She underwent Whipple's operation for pancreatic head adenocarcinoma 2 months before presenting. On physical examination, she had soft, distended abdomen without tenderness. Shifting dullness was noted. At diagnostic paracentesis, milky ascites drained. Ascites analysis showed WBC 3667 cells/ μ L (polymorphonuclear 6%, lympho 89%), albumin 0.9 g/dL, amylase 17 IU/L, cholesterol 41 mg/dL, triglyceride 480 mg/dL, lactate dehydrogenase 175 IU/L, and adenosine deaminase 14.1 IU/L. SAAG was 2.0 g/dL. Malignant cell was not found in cytologic examination. Computed tomography scan demonstrated severe portal vein stenosis with recurrent mass around surgical bed. As we could not find other causes of chylous ascites, we concluded that malignant portal vein stenosis caused acute severe portal hypertension and resultant chylous ascites. To relieve portal vein stenosis, we decided to attempt portal vein stenting. Transhepatic portal venography within the main portal vein demonstrated tight focal stenosis, and stent insertion was performed successfully. Post-stent venography demonstrated excellent flow into the main portal vein. Pressure gradient across the lesion before and after stenting were 16 mmHg and 2 mm. The ascites significantly reduced within 2 weeks and at last, completely dried up. **Conclusion:** We demonstrated an immediate and complete response following portal vein stenting for malignant portal vein stenosis causing chylous ascites. Although it can be extremely rare condition, aggressive intervention should be attempted if conventional measures do not work.

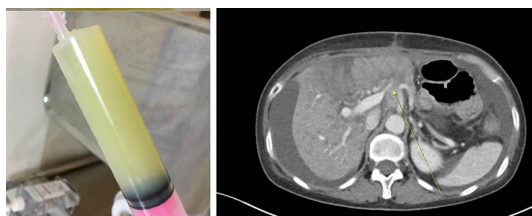


Fig. 1 At diagnostic paracentesis, milky ascites drained(Left) and CT scan(Right) shows ascites and narrowing of portal vein with surrounding infiltrative soft tissue.

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