Quilotórax: una presentación inusual de síndrome linfoproliferativo

Chylothorax: an unsuspected presentation of lymphoproliferative disease

Aurea Lima*[1,2,3], Diana Dias[4], Joana Malheiro[5], Joana Rodrigues[5]

[1]Centro Hospitalar de Entre o Douro e Vouga, EPE, Hospital de São Sebastião, Serviço de Oncologia Médica. [2]Grupo de Oncologia Molecular e Patologia Viral, Centro de Investigação, Instituto Português de Oncologia do Porto (CI-IPOP). [3]CESPU, Instituto de Investigação e Formação Avançada em Ciências e Tecnologias da Saúde, Cancer Research Group. [4]Centro Hospitalar de Entre o Douro e Vouga, EPE, Hospital de São Sebastião, Serviço de Oncologia Médica. [5] Centro Hospitalar de Entre o Douro e Vouga, EPE, Hospital de São Sebastião, Serviço de Medicina Interna.

Palabras clave: Quilotórax

Keywords: Chylotorax

Chylothorax, accumulation of chylous fluid in the pleural space, may have traumatic, postoperative, or malignant etiology. We report the case of a healthy 20-year-old woman referred to the emergency department for 2 months with progressive asthenia and dyspnea associated with left cervical pain not responsive to analgesia. On admission, sinus tachycardia, tachypnea, and auscultatory silence in the left hemithorax, without respiratory insufficiency, stand out. Chest X-ray revealed opacity of the left pulmonary area and contralateral deviation of the mediastinum (Figure 1). Analytically, with hypochromic microcytic anemia, increased lactate dehydrogenase (LDH) and C-reactive protein. Thoracocentesis with 1000mL draining of milky-looking pleural fluid analytically compatible with chylothorax (pH 7.5, 935 leukocytes/µL - 29% polymorphonuclear and frank predominance of proteins, 5.3g/dL, triglycerides 684mg/dL, cholesterol 123mg/dL, normal glucose and LDH, amicrobial). Thoracoabdominal-pelvic tomography detected a mediastinal solid mass, 78x94x121mm, lobulated contours and no cleavage planes with pericardial, aortic cross or thoracic operculum, with supraclavicular extension associated with left atelectasis. and pleural effusion in the left hemithorax with signs of compression and contralateral mediastinal deviation (Figure 2). On admission, the diagnosis of classic Hodgkin's lymphoma of the nodular sclerosis subtype (stage II-B) was established. The patient completed 6 cycles of chemotherapy with curative intent, with evidence of complete remission after 2nd cycle on positron emission tomography. The present image aims to explain the possible presentation of Hodgkin's Lymphoma: indolent presentation and without severe clinical repercussion of extensive pleural effusion and associated large mediastinal mass. Moreover, it reinforces the importance of differential diagnosis of pleural effusion, recalling chylothorax as the underlying cause.

CONFLICTO DE INTERESES

No existen conflictos de interés por parte de los autores de este trabajo.

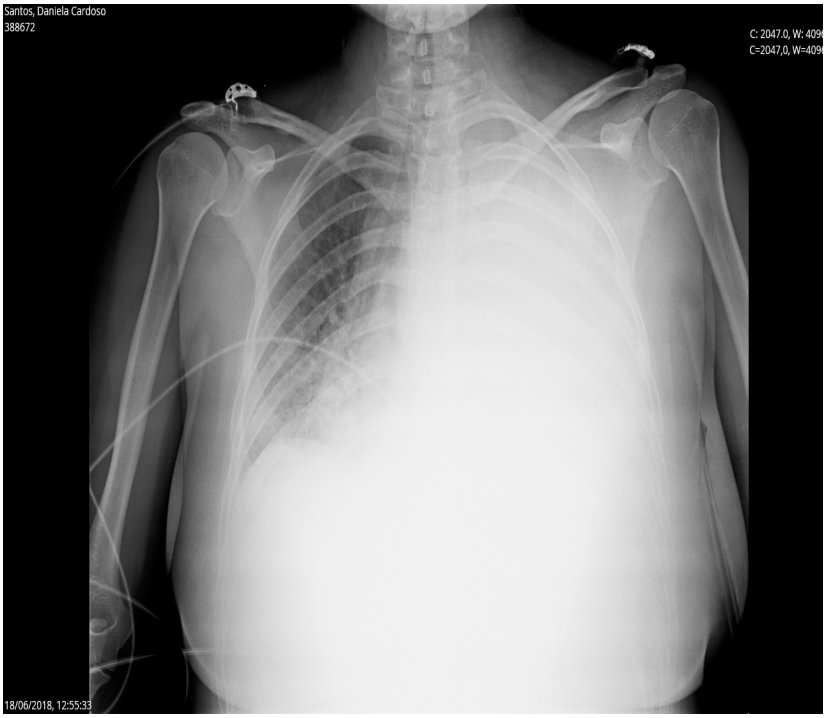
FINANCIACIÓN

No ha existido financiación externa de ningún tipo para llevar a cabo el presente trabajo.

ASPECTOS ÉTICOS

Se ha solicitado consentimiento informado explícito a los pacientes participantes en el presente trabajo.

Figure 1. Opacity of the entire left pulmonary area, with significant contralateral deviation of the mediastinum.



Correspondencia: aurea.lima@chedv.min-saude.pt

Cómo citar este artículo: Lima A, Dias D, Malheiro J, Rodrigues J
Quilotórax: una presentación inusual de síndrome linfoproliferativo. Galicia Clin 2021; 82-4: 234 - 235

Recibido: 25/9/19; Aceptado: 4/10/19 // https://doi.org/10.22546/63/2095

Figure 2. A seemingly 78x94x121mm anterior-mediated solid mass of lobulated contours with no cleavage planes with the pericardial, aortic arch or thoracic operculum, with supraclavicular extension, associated with total atelectasis of the left lung and pleural effusion throughout the left hemithorax with signs of compression and contralateral mediastinal deviation.