[PICTURES IN CLINICAL MEDICINE]

Chylothorax and Bilious Pleural Effusion

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Picture 1.

Picture 2.

Picture 3.

Picture 4.

A 73-year-old woman who had been diagnosed with post-operative recurrence of lung adenocarcinoma presented with a 3-day history of anorexia. Computed tomography (CT) of the chest showed right-sided pleural effusion. Thoracentesis revealed a white milky fluid (Picture 1), which was identified as transudate with triglycerides (103 mg/dL) and chylo-

microns, leading to a diagnosis of transudative chylothorax (1). The effusion decreased with diuretic treatment. However, a few days later, the patient became febrile and CT showed right pleural effusion with ascites. Repeat thoracentesis revealed a green exudative fluid (Picture 2). Analy-

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ses of the pleural fluid and serum revealed total bilirubin levels of 7.67 mg/dL and 2.93 mg/dL, respectively, which led to a diagnosis of bilious pleural effusion (2). Contrast-enhanced CT also showed portal vein thrombosis (Picture 3, arrow) and subsequent collateral circulation, which supposedly caused biliary tract obstruction (Picture 4). Bilious pleural effusion may be caused by the transition of bilious ascites. The patient ultimately died of obstructive cholecystitis.

The authors state that they have no Conflict of Interest (COI).

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