A Case of Bilateral Chylothorax Following Left Neck Dissection

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We experienced a case of bilateral chylothorax following left neck dissection. The patient was a 70-year-old woman. For cancer of the left side of tongue base, the tongue was totally resected and reconstructed with a pectoralis major muscle flap. At the same time, a left modified radical neck dissection was performed. We found intraoperative chyle leakage, so we ligated the thoracic duct and covered it with muscle. The next day, the patient complained of dyspnea, and chylothorax was observed at both sides. Conservative treatment, such as thoracostomy tube placement, perenteral nutrition, and percutaneous administration of octreotide improved the chylothorax. Tissues around the thoracic duct should be carefully handled during neck dissection. When post-operative respiratory discomfort is found, chylothorax must also be carefully taken into consideration.

Keywords : chylothorax, neck dissection, octreotide

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A

B

- A: Findings of the chest X-ray at the second day after surgery
The permeability of the bilateral lung fields has decreased.
- B: CT scan of the lung
Pleural effusions can be seen in the bilateral chest cavities.

Chest X-ray findings after the treatment
The lung field permeability has improved.