Clinical Factors Predicting Postoperative Chylothorax of Congenital Esophageal Atresia
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Background: Chylothorax is a complicated disease after thoracic surgery and is needed intensive care for a deteriorated patient with chylothorax. The purpose of this study is to determine the incidence, risk factors, and outcomes for chylothorax in children after radical operation for congenital esophageal atresia (CEA).

Methods: The medical records of patients who were diagnosed and treated at our hospital from January 2002 through December 2011 were reviewed. All patients were neonatal and operated at primary esophageal anastomosis with resection of traceoesophageal fistula. All of the patients’ clinical data, imaging findings, and outcomes, were studied and analyzed. Of 8 cases with CEA, two (25.0%) presented postoperative chylothorax and each weight at birth was 1,950 g and 1,922 g, respectively.

Results: The diagnosis of chylothorax was made at 16 days and 8 days after surgery, respectively. Both cases were responded to conservative therapy including no feeding, mild chain milk, and octreotide.

Conclusions: Chylothorax after repair of CEA might be conservatively treated with MCT milk and octreotide. It is speculated that the occurrence of chylothorax in patients with primary repair of CEA might be associated with the background of low birth weight infant.