CHYLOTHORAX

What is it? Chylothorax is the accumulation of chyle, a very fatty fluid produced by the body’s lymphatic system, in the thorax. Sometimes this condition is secondary to another problem or related to trauma; however, it is often due to an unknown cause (idiopathic).

What animals are affected? Any animal can be affected; dogs and cats are both at risk. Afghan hounds and Shiba Inu breeds may be predisposed as are the Oriental cat breeds.

What are the clinical signs? Signs are usually related to increased respiratory effort or distress. Lethargy, inappetance, exercise intolerance, coughing, etc. can also be seen.

How is it diagnosed? Diagnosis is made with radiographs of the thorax demonstrating pleural effusion, collecting fluid from the chest with a needle (thoracocentesis) and testing of the fluid.

How is it treated? Treatment usually includes thoracocentesis and removal of as much of the fluid as possible to stabilize the patient and improve respirations. If an underlying cause can be identified, it should be corrected. Medical management with a low fat diet, benzopyrone drugs (used for lymphedema in people), and somatostatin (inhibits gastric, pancreatic and biliary secretions) along with periodic thoracocentesis has been used with mixed results. Some animals will spontaneously recover. Idiopathic chylothorax typically requires surgical intervention. Surgery for chylothorax involves ligation or obliteration of the thoracic duct and all the small branches and tributaries that can occur in an effort to stop the production of the fluid, pericardectomy (removal of a portion of the sac around the heart), as well as some method of shunting the fluid from the thorax.

What is the aftercare? The patient will remain hospitalized after surgery and will likely have a chest tube in place for 12 to 48 hours to help evacuate air (a result of the surgery) and fluid from the chest. Once the patient is discharged they will have at least two weeks of restricted activity. Even if the fluid resolves, continued monitoring and periodic recheck examinations for several years postoperatively is recommended.

What is the prognosis? Prognosis for complete resolution of chylothorax is guarded. Those with chronic chylothorax are at risk for developing the condition where the lung lobes become stuck to themselves and each other (restrictive, fibrosing pleuritis), and recurrence is not uncommon.

Can it be prevented? Chylothorax cannot truly be prevented as we often do not know the cause.