中文題目: 膽汁滲漏至肋膜腔引發膽汁胸-罕見經皮穿肝膽汁引流術後併發症之

個案報告

英文題目: Bile leak into the pleural space with cholethorax - A case report with rare complication of PTCD

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## Abstract:

This is a 54 years old female diagnosed with gastric cancer post radical subtotal gastrectomy (D2) + Billroth II gastrojejunostomy on 2017/2/7 (Tubular adenocarcinoma with signet ring cell pT4aN2M0 pStage 3B) post adjuvant chemotherapy with Oxalipatin + Capecitabine for 2 cycles then shift to TS-1 due to patient intolerance. Disease recurrence had been found 7 months later and treatment was shift to Paclitaxel and Ramucirumab for 2 cycles and finally initiated immune-checkpoint inhibitor treatment with Nivolumab since 2018/02/05 due to disease progression. Obstructive jaundice was noted and percutaneous transhepatic cholangial drainage (PTCD) was done on 2018/2/7. Jaundice improved after 8 weeks of treatment with Nivolumab. PTCD removed smoothly on 2018/04/16 after image study and lab data evaluation. Severe right upper quadrant abdominal pain occurred immediately after PTCD removal without significant KUB findings. CXR on the next day showed large amount of right side pleural effusion. Computed Tomography survey of the chest, abdomen and pelvic on 2018/04/17 revealed similar result with one obvious biliopleural fistula formation. Right side pigtail insertion for drainage was performed. Bile-like drainage was seen and lab data of pleural effusion revealed high level of bilirubin content. Cholethorax (bilious effusion in the thorax) was suspected and steroid was prescribed to reduce the inflammation. Drainage amount decreased and symptoms greatly relieved. Pigtail drainage tube was removed on 2018/4/26 smoothly. PTCD drainage of bile is a common procedure for relief of obstructive jaundice, bile leak to the pleural space result in reactive pleural effusion is a rare complication during removal of pigtail. Clinician should keep in mind the possibility of it and make a good selection for location of tube insertion, and quick treatment for it if occurred unfortunately.