

中文題目：肺腺癌腹膜腔轉移合併乳糜胸及乳糜腹水，案例報告及文獻回顧
英文題目：Lung adenocarcinoma peritoneal carcinomatosis with chylothorax and chylous ascites, A Case Report and Review of Literature

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Introduction:

Chylous ascites results from the leakage of lipid-rich lymph into the peritoneal cavity. It usually occurs due to rupture of the lymphatics related to trauma, or increased peritoneal lymphatic pressure secondary to obstruction.

Lung cancer is one of most common malignancy in the world. The most common sites of distal metastasis from lung cancer are the bone, adrenal gland, liver and brain. However, peritoneal carcinomatosis from a lung cancer is relatively uncommon. Herein, we presented the case about the lung adenocarcinoma with chylothorax and chylous ascites

Case report:

A 74 year-old male has medical histories of chronic obstruction pulmonary disease, hypertension, and right lung adenocarcinoma with pleural and bone metastasis. He received afatinib plus bevacizumab every 3 weeks on own expence, then shifted to osimertinib on own expence due to disease progression.

This time, he presented to our emergency room due to dyspnea for about 1 week. The associating symptoms included orthopnea, paroxysmal nocturnal dyspnea, cough with whitish sputum, poor appetite, and body weight loss. Physical examination revealed diminished breath sounds and abdominal distension without tenderness. No leukocytosis but elevated C-reactive protein were noted in laboratory test. Chest X-ray showed infiltration over right perihilar region and patchy consolidation in the right lower lung. Then he was admitted under the impression of pneumonia.

After admission, empirical antibiotics of Curam and Azithromycin were prescribed. Bedside, due to echo showing left pleural effusion and ascites , we performed thoracentesis which showed chyles (Triglyceride:946mg/dL). The cell block showed metastatic adenocarcinoma of pulmonary origin. Due to massive ascites, paracentesis was also performed, which reveals chylous ascites (Triglyceride : 174mg/dL). Cell block also demonstrates metastatic adenocarcinoma of pulmonary origin. Pleuroperitoneal fistula formation was suspected. Abdominal computed tomography (CT) revealed peritoneal carcinomatosis with ascites. Chest CT showed lung cancer recurrent in the right lower lung with both lung and left basal pleural metastasis. We planned to arrange further lymphogram. Unfortunately, a choking episode with

desaturation happened. Then, In-Hospital cardiac arrest was noted. After cardiopulmonary resuscitation, but still no return of spontaneous circulation, he was declared dead.

Discussion:

We inhere reported a relatively rare case of lung adenocarcinoma with chylothorax and chylous ascites. We reviewed the literature, peritoneal carcinomatosis is a rare clinical event in lung cancer patients, with autopsy results showing an incidence of 2.7~16%. Lung adenocarcinoma with chylothorax and chylous ascites which are just small amount of case reports. A case report presented lung adenocarcinoma with chylous ascites in August 2018.

In our case, it's truly confirmed as peritoneal carcinomatosis with chylous ascites according to ascites cytology and biochemistry report. But, it's a pity to lack further lymphogram to confirm the site of lymph leakage. It also represented the disease progression. We present this case and share our experience with physicians.