A 68-year-old male with a history of alcohol-induced cirrhosis and portal hypertension presents with a week-long decline in physical function, increasing abdominal distension, and decreasing level of consciousness. He is brought to the emergency department with hepatic encephalopathy, and milky fluid is aspirated during a paracentesis.

Questions

1. What is the diagnosis?
2. What is the treatment for this condition?

Answers

1. The diagnosis is chylous ascites, which is characterized by paracentesis of milky or opalescent fluid with triglyceride levels > 2.26 mmol/L. It is caused by disruption of the lymphatic system from trauma, obstruction due to infection (e.g., tuberculosis, filariasis), or abdominal malignancy. Lymphoma accounts for up to 50.0% of chylous ascites. It is seen in 0.5 to 1.0% of patients with ascites secondary to cirrhosis.

2. Treatment is aimed at resolving the underlying cause of the ascites. Dietary interventions include a high-protein diet with restriction of long-chain triglycerides, which are transported via the lymphatic system. Medium-chain triglycerides are transported directly to the liver via the portal system and, therefore, bypass the lymphatic system, decreasing a chylous leak. Large volumes of ascites can be treated with therapeutic paracentesis and concomitant albumin replacement. Cirrhotic patients with refractory chylous ascites and preserved liver function can improve with transjugular intrahepatic portosystemic shunt placement. Patients with cirrhosis and poor liver function may improve with octreotide.

References
