



ESIM 2015

24TH EUROPEAN SCHOOL OF INTERNAL MEDICINE
FREE BEACH COSTA REI - MURAVERA CA, SARDINIA ITALY

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CLINICAL CASE PRESENTATION

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CLINICAL CASE

- A 27-year-old man
- Medical history :
 - Epilepsy treated with phenytoin
- Admitted for a leg edema , abdominal pain, arthritis and loss of weight.



PHYSICAL EXAMINATION

- Temperature :37.6°C
- Blood pressure :100/70 mmHg
- Pulse rate : 100 beats/min.
- Gingival ulceration
- Ascite
- Leg edema
- No lymphadenopathy,no spleen or liver enlargement.
- No focal neurological or mental abnormality was found.
- Dipstick:proteinuria 3+ /Blood 2+
- Cardiorespiratory examination found no abnormalities.



HEMATOLOGY

- White blood cell :7.500/mm³ (neutrophils: 6.700/mm³, lymphocytes: 400/mm³)
- Haemoglobin:14 g/dl
- Platelets count : 95000/mm³.
- Sedimentation rate : 102 mm



CHEMISTRY

- PT=90%
- Albumine 35g/l.
- Proteinuria 4.2 g/24h
- Electrolytes, hepatic enzymes and creatinine : normal.
- CRP= 3 mg/l





What are your hypotheses for the diagnosis?



ASITIC FLUID EXAMINATION

Cell count	167(lymphocytic predominance)
Total protein	10 g/dL
Culture	Negative
Cytology	Negative
Triglyceride level	21 g/l



CHYLOUS ASCITE

BUT

What is etiology of this chylous ascite?



- PPD test –
- Quantiferon
- Serologie (HIV) -
- marrow bone biopsy
- Body CT normal
- tumor markers –
- AAN was 1 : 3200 positive with a homogeneous pattern. AntidsDNA, anti-Sm, anti-histone, anti-RNP were positive.



- Ascite
- Arthritis
- Gingival ulceration
- Proteinuria > 0,5 g/24h
- Lymphopenia
- AAN +



Systemic Lupus Erythematosus



- Methylprednisolone pulse therapy 1g.d * 5 days
- Hydroxychloroquine 200 mg.d
- Dietary Therapy:
High protein + low fat

The patient has died because of septic shock



- Chylous ascites (CA) is an uncommon form of ascites.
- The reported incidence 1 in 20,000 admissions
- Accumulation of milky chyle in the abdominal cavity.
- Due to an interruption in the lymphatic system.
- Diagnosis established : concentration of triglycerides in the ascitic fluid is >200 mg/dl
- The prognosis varies based on the underlying cause.



Atraumatic

(I) Neoplastic

Solid organ cancers

Lymphoma

Sarcoma

Carcinoid tumors

Lymphangi leiomyomatosis

Chronic lymphatic leukemia

(II) Diseases

(A) Congenital

Primary lymphatic hypoplasia

Klippel-Trenaunay syndrome

Yellow nail syndrome

Primary lymphatic hyperplasia

Lymphangioma

Familial visceral myopathy

(B) Acquired

Cirrhosis

Infectious

Tuberculosis

Filariasis

Mycobacterium avium in AIDS

Cardiac

Constrictive pericarditis

Congestive heart failure

Gastrointestinal

Celiac sprue

Whipple's disease

Intestinal malrotation

Inflammatory

Pancreatitis

Fibrosing mesenteritis

Retroperitoneal fibrosis

Sarcoidosis

Systemic lupus erythematosus

Behçet's disease

Peritoneal dialysis

SLE

Traumatic

(I) Iatrogenic

(A) Surgical

Abdominal aneurysm repair

Retroperitoneal lymphadenectomy

Placement of peritoneal dialysis catheter

Inferior vena cava resection

Pancreaticoduodenectomy

Vagotomy

Radical and laparoscopic nephrectomy

Nissen fundoplication

Distal splenorenal shunts

Laparoscopic adrenalectomy

Gynecological surgery

(B) Nonsurgical

Radiotherapy

(II) Noniatrogenic

Blunt abdominal trauma

Battered child syndrome

Penetrating abdominal trauma

Shear forces to the root of the mesentery

(III) Idiopathic

Association SLE / chylous ascite is rare

NCBI Resources How To

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed ("Chylous Ascites"[Mesh] AND "Lupus Erythematosus, Systemic"[Mesh]) Search

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[Pseudo-pseudo Meigs' syndrome in a patient with systemic lupus erythematosus.](#)

1. Dalvi SR, Yildirim R, Santoriello D, Belmont HM.
Lupus. 2012 Nov;21(13):1463-6. doi: 10.1177/0961203312461291. Epub 2012 Sep 14. Review.
PMID: 22983642
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[Regarding 'Calcium channel blocker-induced chylous ascites in peritoneal dialysis'.](#)

2. Graice R, Bargman JM.
Kidney Int. 2010 Jan;77(2):165; author reply 165. doi: 10.1038/ki.2009.372. No abstract available.
PMID: 20040923
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[\[Chylous ascites revealing a systemic lupus erythematosus \(L\)\].](#)

3. B'Chir Hamzaoui S, Abdallah M, Bouslama K, Mestiri H, Kallel L, Harmel A, Ennafaa M, M'Rad S, Ben Dridi M.
Gastroenterol Clin Biol. 2007 Jan;31(1):100-1. French. No abstract available.
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