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Two cases of hepatic carcinoma post-hepatic resection presenting with chylous ascites

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Background: Chylous ascites is a rare phenomenon characterized by milky turbid ascitic fluid usually caused by ruptured lymphatics associated with a variety of causes. The main causes are usually malignant tumors, hepatic cirrhosis and tuberculosis. This case report aims to present two cases of chylous ascites post-hepatic resection that presented with significantly different outcomes.

Presentation: Case No. 1. A 53 year old male alcoholic drinker presented with one month history of gradual abdominal enlargement, jaundice and dyspnea. Two years earlier, he underwent segment VII hepatic resection which revealed hepatocellular carcinoma with a cirrhotic background. One year after, patient had left lateral segmentectomy for segment 2-3 metastasis (Figure 1), and underwent chemoradiotherapy for mediastinal and left axillary lymph nodes metastasis 6 months after. Abdominal paracentesis done revealed the presence of chylous ascites. Patient's ascites was refractory to diuretics, Octreotide and other medical management leading to his eventual demise 19 days after.

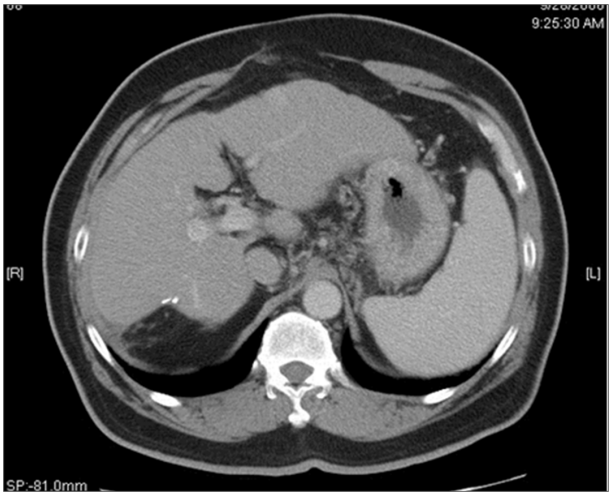

Figure 1. Contrast CT scan of the whole abdomen prior to 2nd hepatic resection.

Case No. 2. A 48 year male with hepatitis B was diagnosed by CT scan with a 19cm liver tumor involving segment V, VII and VIII infiltrating the pleura and right lower lung lobe, and multiple lymphadenopathy on the peripancreatic and paraaortic area. Right hemihepatectomy with enbloc resection of the diaphragm, right lower lung resection and radical lymph node dissection was done (Figure 2). Patient developed chylous ascites 8 days post-op but eventually subsided with NPO, dietary fat restriction and intravenous octreotide for 7 days. Patient recovered well.

Conclusion: Chylous ascites may present in 0.5-1% of patients with cirrhosis and ascites. It can occur later as a consequence of hepatocellular carcinoma. Post-surgical chylous ascites is rare although post-resectional hep-

atocellular carcinoma with lymphatic involvement could lead to the development of chylous ascites. The presence of liver cirrhosis with ascites could have led to liver failure causing intractable ascites that was refractory to treatment while prolonged multimodal conservative therapy aiming at decreasing lymph production amidst optimal nutritional supplement may help resolve post hepatectomy chylous ascites.

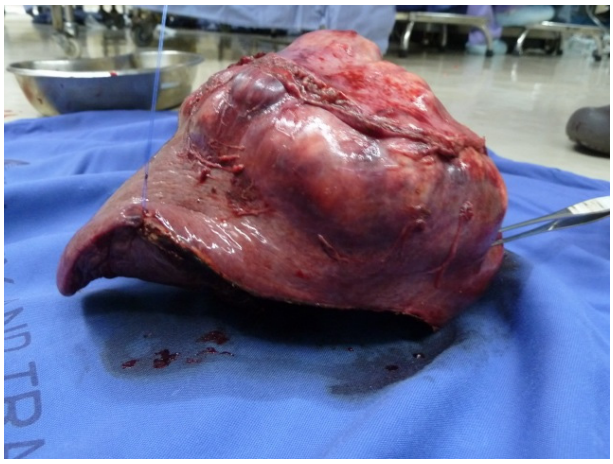

Figure 2. Right hemihepatectomy specimen with attached diaphragm and lung tissue.