

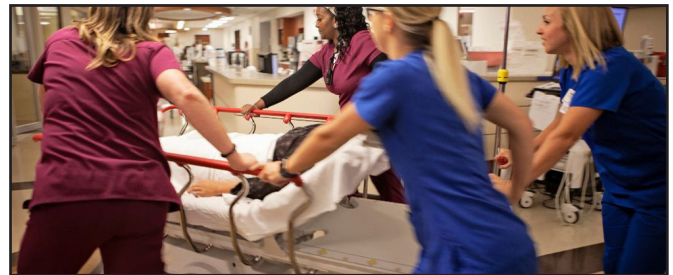
Idiopathic Chylopericardium; a rare entity

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Abstract:

Idiopathic chylopericardium is rare clinical conditions that consist of pericardial effusion composed of high concentrations of triglycerides known as chyle. It may occur as a result of chest trauma, mediastinal neoplasms, mediastinal tuberculosis, mediastinal radiotherapy, and thrombosis of the subclavian vein or can be idiopathic. We hereby present a case that illustrates a healthy female fitness trainer in her 50s who presented with dyspnea that progressively worsened to the point where she was referred to a Cardiologist. Subsequently, chylopericardium was diagnosed with pericardiocentesis. She successfully responded to two and a half weeks of continuous drainage and low fat diet. It has only been a month since discharge. In conclusion, this case demonstrates a rare condition to help elucidate medical literature. The patient underwent extensive evaluation to find the cause of the chylous pericardium. Routine laboratory tests demonstrated normal blood counts, electrolytes, liver function, lipid profile, serum urea, serum creatinine, serum calcium, and lactate dehydrogenase. There was no sign of systemic inflammatory reaction (erythrocyte sedimentation rate, 10 mm; C-reactive protein. In contrast to the success with conservative treatment of post-traumatic chylopericardium, 15,16 such treatment of idiopathic chylopericardium is rarely successful. Surgery is usually required, although occasional cases of successful nonsurgical treatment have been reported.1 the surgical procedure consists of ligation and excision of the thoracic duct just above the diaphragm, combined with partial pericardiectomy.1, 17 Pericardiectomy is performed to ensure complete drainage and to prevent later constrictive pericarditis. The necessity for thoracic duct ligation is well illustrated by the case reported by Musemeche and associates, 18 wherein partial pericardiectomy and the creation of a pericardial window without thoracic duct ligation were followed by continued chylous leakage. After a 2nd operation with ligation of the thoracic duct, the



drainage abruptly ceased.

Biography:

Seema Jaga completed her M.D. from Medical University of Sofia. She is currently a second year Internal Medicine resident at Largo Medical Center with aspirations of becoming a Cardiologist.

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