

**CHYLOTHORAX, A COMPLICATION OF CARDIAC SURGERY IN PEDIATRIC PATIENTS AND ITS TREATMENT WITH OCTREOTIDE**

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Chylothorax is a serious complication after congenital heart surgery. Conservative management with medium chain triglycerides (MCT) or total parenteral nutrition and surgery are treatment options. Treatment with octreotide is a new approach for chylothorax after cardiac surgery.

Chylothorax was observed in five patients after cardiac surgery between May 2001- December 2002. The incidence was 0,86 %. Four patients were treated with surgery successfully except one. We administered octreotide infusion to two patients.

Case 1: Fourteen days old girl with TGA underwent an arterial switch procedure. On the 3rd day after surgery, she had excessive drainage of chylous fluid, and despite low-fat diet drainage lasted for 4 days. She had to be revised for chylothorax on the 6th day. But in spite of MCT diet, chylous drainage continued. We started octreotide infusion with 2 mg/kg/h. Chylous drainage reduced gradually and on 6th day, chest tube was removed.

Case 2: Three months old boy with Taussig-Bing anomaly underwent arterial switch operation. On 11th day, a right subclavian venous access was installed. After 3 days, patient had respiratory distress and thoracentesis was performed. A chylous fluid was drained. Octreotide infusion with 2 mg/kg/h with breast feeding was started immediately. Chylous fluid decreased dramatically and stopped on the 5th day.

Conclusion: Chylothorax is a serious complication for which conservative and surgical treatment choices are present but they are not always effective. Octreotide infusion is a new and effective treatment for the management of chylothorax.

