Functional Lymphatic Cable created through an Arterial & Venous Anastomosis with Spontaneous Revascularisation of the Lymphatic Duct in a Case of Severe Chyloous Ascites

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Nothing to disclose
Introduction

- Chylous Ascites (CA)
  - milky chyle containing triglycerides

- Causes
  - primary (congenital)
  - secondary: related to malignancy, cirrhosis, radiation and trauma/surgery
Case Report

- A 64-year-old male
- A history of stage IVB malignant abdominal lymphoma treated with radio-chemotherapy
- Abdominal girth: 89cm
- Weight: 61.2kg
Abdominal CT
Lymphcintigram
Creation of a functional lymphatic cable via a micro-anastomosis of the Deep Inferior Epigastric Vessels (DIEV) to the Jejunal Vessels (JV)
OP Findings

• Laparotomy was performed with remove 3000mL of chylous fluid
OP Findings

Harvest DIEV

Harvest JV
Micro-anastomosis of the DIEV and JV
Result

Pre OP

Post OP 3 months
Result

Pre OP

Post OP 3 months
Discussion

• The fourth jejunal artery and vein were used for the anastomosis, as this is known to have the longest mesentery

• No further recurrences

• Increased albumin level of 4.5 g/dL with a weight decrease to 52 kg within the first month of surgery
Conclusion

• Microvascular anatomoPrecipitation has not been performed before

• We theorized that by creating a functional lymphatic cable through microvascular anastomosis of the JV to the DIEV