

Clinical and Medical Case Reports

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Acute chylous peritonitis as a result of jejunal volvulus and small bowel obstruction from a congenital band adhesion

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We present an 80-year-old gentleman (with a virgin abdomen) who was admitted with acute chylous ascites in the context of a closed loop small bowel obstruction. Acute chylous ascites is characterized by extravasation of lymphatic fluid into the abdominal cavity. Just over 100 cases have been reported in the literature since 1910. Cases are described as either obstructive, traumatic or idiopathic. Acute chylous ascites often presents as an acute abdomen with the majority of the reported cases progressing to either a laparotomy or laparoscopy, during which copious amounts of chyle was encountered on entering the abdomen, a precipitating cause was not always apparent. Our patient clinically had a small bowel obstruction with radiological evidence of thickened loops of small bowel in the abdomen and free fluid. The patient required a laparotomy as conservative management failed. On entering the peritoneum copious amounts of chyle was unexpectedly encountered. The patient had a congenital band adhesion causing a closed loop jejunal obstruction, there was no other pathology identified. In the absence of any obvious lymphatic obstruction, we hypothesized that the venous congestion associated with a closed loop small bowel obstruction caused increased lymphatic pressures leading to extravasation of chyle into the abdomen. This case highlights the diagnostic uncertainty associated with an acute chylous abdomen as well as short and long-term management goals.

Biography

Veral Vishnoi graduated with a Bachelor of Medicine, Bachelor of Surgery with Honours from James Cook University in Queensland, Australia. He is currently working part-time as a surgical registrar at the John Hunter Hospital in Newcastle whilst completing his Ph.D. with the University of Newcastle in New South Wales, Australia. His research interests lie in colorectal surgery in particular diverticular disease. .

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