



AB007. 86. Thoracoscopic ligation of the thoracic duct for cervical chyle leak following radical neck dissection

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Abstract: Chyle leak after radical neck dissection for management of head and neck malignancy is an uncommon but morbid and potentially life-threatening postoperative complication. We present a thoracoscopic approach to the management of a cervical neck chyle leak not responding to conservative measures. A 69-year old male was transferred from an outside institution with a high output chyle leak (800–1,000 mL/day) and enterococcal septicaemia following a radical neck dissection for a squamous cell

carcinoma of unknown primary on a background history of chronic kidney disease, morbid obesity and malnutrition. Conservative measures including total parental nutrition failed to control the chyle leak. Eighteen days following original neck surgery the patient (in a left lateral decubitus position) successfully underwent a thoracoscopic exploration and ligation of the thoracic duct. Histology confirmed that the thoracic duct was ligated. Ligation led to resolution of the high output chyle leak. The post-operative was uncomplicated and the patient was discharged home on post-operative day 8. Thoracoscopic thoracic duct ligation is a safe and effective therapeutic strategy for the management of a chyle leak post radical neck dissection where conservative measures have failed.

Keywords: Chyle leak; thoracic duct; thoracoscopic

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