



# Sixth International Joint Meeting on **THORACIC SURGERY**

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11<sup>th</sup> International Meeting on General Thoracic Surgery



Hospital  
Universitari  
Sagrat Cor

10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



5<sup>th</sup> Meeting of the Thoracic Oncology, Thoracic  
Surgery, Techniques & Transplant, Respiratory Nursing  
and Respiratory Physiotherapy Areas of the Spanish  
Society of Pneumology and Thoracic Surgery (SEPAR)



3<sup>rd</sup> Joint Meeting of the Spanish Society of  
Thoracic Surgery (SECT)



30<sup>th</sup> Congress of the "Asociación Iberoamericana  
de Cirugía Torácica" AIACT



10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



## **A CASE OF SURGICALLY REPAIRED CHYLOTHORAX FOLLOWING ROBOTIC SEGMENTECTOMY WITHOUT MEDIASTINAL NODAL DISSECTION FOR PATIENT WITH LUNG CANCER HAVING DIFFUSE PLEURAL ADHESION**

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Postoperative chylothorax is a rare complication after thoracic surgery for lung cancer, and the complication is known to develop following mediastinal nodal dissection. We had a very rare case having this complication after segmentectomy without mediastinal nodal dissection.

A 65-year-old man underwent robotic bi-segmentectomy for synchronous double lung cancers located segment 2 and 6. Postoperative pleural drainage was more than 1000 cc per day and content of triglyceride was more than 110 mg/dl, which was diagnosed to be chylothorax. Fat restriction, 30g per day, was used for the patient, but the drainage was not improved. Thus we decided to perform surgical intervention for the complication on the third postoperative day.

High fat ice cream was given to the patient two hours before surgical intervention. Thoracic duct ligation was planned at the point of chylous leakage or at the main duct if a leak point was not detected. Thoracoscopic exploration was done through three ports which was used for robotic surgery and chylous leak was noted subcarinal area besides esophagus. Surgical clip was used to control chylous leakage. Postoperative further complications were not found.

Our institution performed surgical intervention for chylothorax in the same manner for 9 patients since 2013. Leak point was clearly noted intraoperatively in 7 out of 9 cases.

Taking high-fat ice cream 2 hours before surgery is useful to identify the site of chylous leakage for patients having high output chylothorax.