

Chylous Ascites at Emergency Caesarean Section for Obstructed Labour: A Rare Case

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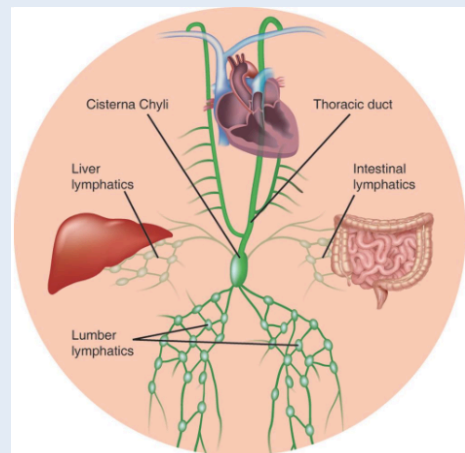


Case:

A 37-year-old nulliparous woman of South-Asian origin presented at 40 weeks gestation for augmentation of labour following spontaneous rupture of membranes. She had an unremarkable antenatal course with estimated fetal weight of 3356g (53rd centile) at 36+5 weeks gestation on ultrasound. Following augmentation, she developed haematuria and was assessed to be obstructed at 9cm dilation and a decision was made for emergency caesarean section. At time of entry into the peritoneum, copious white, opaque milky fluid was identified, and thought to be chylous ascites. Upon entry into the uterus, she was also found to have a retro-visceral peritoneal haematoma with disruption of the myometrial fibres. There were no other pathological intra-abdominal findings, and she delivered a healthy baby with no post-operative complications.

Discussion:

Chylous ascites is the accumulation of milky lymphatic fluid of high triglyceride content within the abdominal cavity caused by obstruction or leakage of lymph fluid from the lymphatic system¹. Primarily caused by malignancy, cirrhosis or infection, chylous ascites is a rare finding in pregnancy. Six cases have previously been reported with various aetiologies such as acute pancreatitis or a mesenteric tumour¹. This is the third case of chylous ascites at time of caesarean section without a clear concurrent pathology to explain the finding^{1,2}. We postulate that for this patient, the prolonged obstructed labour may have caused obstruction or traumatic rupture of the lymphatic drainage system. Pelvic congestion in pregnancy may also contribute through vasodilatation and extravasation.



References:

1. Thompson K & Khabbaz A. Incidental chylous ascites at the time of caesarean section. *Case Reports in Obstetrics And Gynaecology* 2015;530210.
2. Babic I, Tulbah M & Ghourab S. Spontaneous resolution of chylous ascites following delivery: a case report. *Journal of Medical Case Reports* 2012;6:(187).