

## Case report: - White lung with milky effusion

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### Abstract

#### Introduction:

Lung ultrasound is becoming a standard method in the rapid evaluation of patients presenting with dyspnea in the emergency with hand-held tool. The milky appearance of pleural fluid suggests the presence of a chylothorax which can be traumatic or nontraumatic with equal incidence. It is rarely reported in spinal surgery specially left chylothorax post posterior approach. We report a case of left sided chylothorax followed a posterior approach spinal surgery manifested as post-operative shortness of breath and diagnosed early with ultrasound chest and managed conservatively.

#### Case summary:

71-year-old-woman admitted with low back pain of 8 weeks duration. There was tenderness at thoracolumbar junction .MRI spine showed Dorsal (D) D8-9 spondylodiscitis with soft tissue collection. Through direct posterior approach patient underwent surgical debridement and fixation of 2 transpedicular screws.

On day 3 postoperatively, patient had progressive dyspnoea and CXR showed complete opacification of left lung (figure 1). Urgent ultrasound chest showed massive left pleural effusion with Plankton sign. A pigtail size 8 French was inserted and drained cloudy milky fluid. It drained 2.5 liters over 24 hours. Pleural fluid showed high triglyceride level of 800 mg/dL and cholesterol of 180 mg/dL. Blood test were all normal. Chylothorax was confirmed. Patient was kept NPO, Total Parenteral nutrition ( TPN) and somatostatin infusion were started . Left pleural effusion was decreased in subsequent days. Pigtail removed after 5 days when ultrasound chest showed minimal effusion. Patient was discharged home in a stable condition

#### Conclusion:

Ultrasound chest is an important bedside tool for physician for rapid diagnosis of acute dyspnoea. Left chylothorax post posterior approach spinal surgery is a rare complication.