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A RARE CASE OF CHYLOTHORAX IN PATIENT WITH SLE- SUCCESSFUL TREATMENT WITH OCTREOTIDE

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Objective: Introduction
Systemic lupus erythematosus (SLE) is a chronic inflammatory disease that can affect any part of the body, such as the skin, kidneys, joints, liver, lungs, nervous system, and even blood vessels. Although various forms of serositis may be found in the course of SLE, chylothorax in association with SLE has only been described in a few case reports and presents a diagnostic and therapeutic challenge.
Case report
31-year old women with medical history of MCTD/SLE was admitted to our department because of progressive dyspnea and dry cough. Chest x-ray and computed tomography showed bilateral pleural and pericardial effusions. At first admission to our department serological testing showed positive antinuclear antibody (ANA), low C3 and C4 complement levels and elevated erythrocyte sedimentation rate. Her other blood tests were within normal limits except hypoalbuminaemia (25.5 g/L). Thoracocentesis was done and analysis of milky pleural fluid showed elevated triglyceride level (11.55 mmol/L), positive ANA titer and proteins 33 g/L (serum-pleural fluid protein gradient 0.69), lactate dehydrogenase 162.1 U/L (serum-pleural fluid LDH gradient 1.84). According to diagnostic criteria it was chylothorax. The pleural fluid was sterile with mixed inflammatory cells revealed by microbiology and cytology. Histology finding of pleural biopsy done by video assisted thoracoscopy excluded lymphoma and lymphangioleiomyomatosis as potential cause of chylothorax. After careful revision of all findings we concluded that chylothorax was manifestation of SLE and treatment with corticosteroids and monthly cyclophosphamide was started. Initial response was good, but after 12 pulses she was readmitted due to bilateral chylothorax

progression which required drainage. Because of continuous, extensive drainage, the decision was made to administer subcutaneous octreotide 100 µg every 8 hours. Additionally, an oral diet that contained medium-chain triglycerides (MCT) combined with parenteral nutrition was begun. The chylous fluid drainage decreased to 50 mL/day on the 3rd day after the initiation of octreotide therapy and the pleural catheter was removed.

Conclusion

SLE is a rare cause of refractory chylothorax and chylous effusions whose mechanism remains unknown. Due to its rarity, there is still no established management. Octreotide is a long-acting somatostatin analog. It acts directly on vascular somatostatin receptors and minimizes lymph fluid excretion. Moreover, by increasing splanchnic arteriolar resistance and decreasing gastrointestinal blood flow, octreotide indirectly reduces lymphatic flow. Octreotide is an effective and safe drug which could be considered for treatment of resistant chylothorax.