CASE REPORT: CONGENITAL CHYLOTHORAX PRESENTING WITH SEVERE HYDROPS IN A LATE PRETERM NEONATE SUCCESSFULLY TREATED WITH OCTREOTIDE

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Fetal hydrops is an accumulation of fluid in more than one extravascular space. Congenital chylothorax is a rare cause of non-immune fetal hydrops, and the prognosis is generally very poor. There is no consensus on the optional treatment of congenital chylothorax. Conservative treatments (low-fat high-protein diets with medium-chain triglycerides, total parenteral nutrition) and surgical interventions are performed. There is mounting evidence for the use of octreotide (a somatostatin analog) in cases nonresponsive to conservative treatment, but no specific recommendation as to the dose and the length of therapy exist so far.

We report a male, late preterm newborn, with a birth weight of 3600 grams, born to a Caucasian 28-year-old secundigravida via cesarean section because of poor fetal biometric markers at 35 3/7 week gestation. Neonate was born with congenital chylothorax and severe non-immune hydrops. After the therapeutic failure of enteral long-chain triglyceride formula and full parenteral nutrition in reducing chyle leak, the patient was treated with octreotide and shown rapid improvement. We conclude that octreotide treatment is a plausible therapeutic option before surgical treatment in patients with congenital chylothorax.