

A Case of Successful Therapy by Intrapleural Injection of Fibrin Glue for Chylothorax after Lung Transplantation for Lymphangiomyomatosis.

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Abstract:

A 37-year-old woman underwent bilateral lung transplantation for lymphangiomyomatosis. Dense pleural adhesions due to past pleurodesis for chylothorax were observed and dissected in both thoracic cavities. The patient developed chylothorax after transplant. Chylothorax in the right thoracic cavity was successfully treated by conventional pleurodesis; however, pleural effusion from the left thoracic cavity was not reduced. According to fluoroscopic images obtained by injecting a contrast medium through the chest tube, the remaining pleural space in the left thoracic cavity was small and localized in the lower region adjacent to the mediastinum. We opted to fill this space with fibrin glue; we injected fibrinogen and thrombin solution into the space through the chest tube. We performed fibrin glue treatment three times and pleural effusion was dramatically decreased. We removed the chest tube on day 107 post-transplant. No recurrent chylothorax has been recorded for 10 years after lung transplantation.