## **Medical Specialty:**

## Gastroenterology

## Sample Name: Abdominal Exploration

**Description:** Congenital chylous ascites and chylothorax and rule out infradiaphragmatic lymphatic leak. Diffuse intestinal and mesenteric lymphangiectasia.

(Medical Transcription Sample Report)

## **PREOPERATIVE DIAGNOSES:**

- 1. Congenital chylous ascites and chylothorax.
- 2. Rule out infradiaphragmatic lymphatic leak.

POSTOPERATIVE DIAGNOSES: Diffuse intestinal and mesenteric lymphangiectasia.

**ANESTHESIA:** General.

INDICATION: The patient is an unfortunate 6-month-old baby boy, who has been hospitalized most of his life with recurrent chylothoraces and chylous ascites. The patient has been treated somewhat successfully with TPN and voluntary restriction of enteral nutrition, but he had repeated chylothoraces. Last week, Dr. X took the patient to the operating room in hopes that with thoracotomy, a thoracic duct leak could be found, which would be successfully closed surgically. However at the time of his thoracotomy exploration what was discovered was a large amount of transdiaphragmatic transition of chylous ascites coming from the abdomen. Dr. X opened the diaphragm and could literally see a fountain of chylous fluid exiting through the diaphragmatic hole. This was closed, and we decided that perhaps an

abdominal exploration as a last stage effort would allow us to find an area of lymphatic leak that could potentially help the patient from this dismal prognostic disease. We met with his parents and talked to them about this, and he is here today for that attempt.