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Impact of chylothorax on the early post operative outcome after pediatric cardiovascular surgery

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Background & Aim: Chylothorax is the accumulation of chyle in the pleural cavity, usually develops after disruption of the thoracic duct along its intra-thoracic route. In the majority of cases this rupture is secondary to trauma (including cardio thoracic surgeries). Chylothorax is a potentially serious complication after cardiovascular surgeries that require early diagnosis and adequate management. The study aim is to determine the risk factors and the impact of chylothorax on the early post operative course after pediatric cardiac surgery.

Methods: A retrospective study of all cases complicated with chylothorax after pediatric cardiac surgery at King Abdulaziz Cardiac Center between January 2007 and December 2009 was conducted.

Results: We have 1135 cases operated during the study period, 57 cases (5%) were complicated with chylothorax in the post operative period and 30 patients (54%) were males, while 27 cases (47%) were females, the age ranged from 4 days to 2759 days. The most common surgeries complicated with chylothorax were the single ventricle repair surgeries 15 cases (27%), the arch repair 10 cases (18%), the ventricular septal defect repair 10 cases (18%), the atrioventricular septal defect repair 7 cases (12%), the arterial switch repair 6 cases (11%) and others 8 cases (14%). The ICU stay and the length of hospital stay were significantly longer in the chylothorax group; also some of the early post operative parameters like the incidence of sepsis, ventilation time, inotropes duration and number were higher in the chylothorax group.

Conclusion: Chylothorax after pediatric cardiac surgery is not an uncommon complication, it occurs more commonly with single ventricle repair and aortic arch repair surgeries and it has a significant impact on the post-operative course and post-operative morbidity.

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FOS-Full of stool: The ED perspective on the ins and outs of pediatric constipation

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The majority of patients seen with abdominal pain in the emergency department get diagnosed with constipation. Yet there is an unclear clinical and therapeutic relationship between abdominal pain and constipation. ROME III criteria are the most widely used and validated clinical criteria to diagnose the functional gastrointestinal disorders including functional constipation and irritable bowel syndrome. The utility of those criteria when used in the emergency department to appropriately classify children is unknown. Our recent prospective study of 512 patients helped elucidate the importance and association of accurate classification to outcome. The author will address the clinical outcomes and response to therapy of children with functional constipation and/or irritable bowel syndrome.

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