

MIDODRINE IN REFRACTORY CHYLOTHORAX AFTER PAEDIATRIC CARDIAC SURGERY

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Purpose:

To describe a case of refractory chylothorax where the alpha adrenergic stimulant midodrine was successfully used.

Material and methods:

Retrospective case report and literature search related to the treatment of refractory chylothorax review. Data source: electronic medical records and Pubmed data and Uptodate.

Results:



4 years-old girl
16 Kg

Chylothorax
secondary to Fontan
surgery

Conservative treatment:

- Pleural drainage and dietary measures (poor enteral/parenteral nutrition and fat, with medium chain triglycerides).
- Octreotide infusion (dose range: 1- 12 mcg/kg/h): on day 6 and 25 post-surgery during 17 and 42 days respectively (reduction of drainage but not resolution).
- Pleurodesis with tetracycline (20 mg/kg) for three doses.
- Bilateral pleurodesis with talc.

Conservative
treatment was no
effective

Literature search,
finding an article
describing succesful
use of midodrine in
refractory chylothorax
in an adult

Midodrine 1 mg/8h (off
label-use)for 16 days.

Drained volume was
reduced from 20 mL/h
to be imperceptible.

No adverse effects related
to the treatment with
midodrine was observed

Conclusion:

Chylothorax is a possible complication after thoracic duct injury during cardiothoracic surgery. Therapeutic strategies based on pleural drainage, diet, octreotide and in persistent cases, pleurodesis. Midodrine may be a therapeutic option when the above measures are not effective..