

中文題目：微小病變性腎病誘發乳糜性腹水 - 病例報告

英文題目：Chyloperitoneum complicating minimal change disease: A Case Report

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Background: Chyloperitoneum is a rare clinical entity. Nephrotic syndrome rarely causes chylous ascites. We report a rare case of chyloperitoneum in a young man with relapse of nephrotic syndrome. Detection of chylous ascites can be readily made with simple tests and radiological images. We present the figure of lipoprotein electrophoresis to disclose prominent elevation of chylomicrons.

Case presentation: This 29-year-old man presented to our hospital with one day of fever and sudden onset of diffuse abdominal pain which was poorly localized without effered pain. He had medical condition including one year of minimal change nephrotic syndrome undergoing methylprednisolone 20 mg daily, and he never suffered any previous relapse of nephrotic syndrome. The patient's temperature was 38.3° C, blood pressure was 118/63 mmHg, heart rate was 118 beats per minutes, and he suffered weak pulsation, pitting edema at extremities, tenderness at the whole abdomen with diffuse abdominal guarding, and absence of bowel sounds.

Paracentesis was difficult to be done in the patient with peritoneal signs. The surgeon performed diagnostic laparotomy. The peritoneal fluid was milky white ascites involving polymorphonuclear leukocyte count 5285 cell count/mm³ and triglyceride level of 208mg/dL. He was diagnosed with spontaneous bacterial peritonitis and chyloperitoneum associated with nephrotic syndrome. Lipoprotein electrophoresis in chylous ascites showed the chylomicrons of 29.6% (normal 0–1.9%). Prednisolone 60mg daily was administrated. One week later, nephrotic syndrome improved, and chylous ascites dramatically disappeared. In three months of the followup visits, the

clinical condition was relatively stable.

Discussion:

There are a lot of causes of chylous ascites. The most common causes are abdominal malignancy and cirrhosis. Other causes are infectious, congenital, inflammatory, postoperative, traumatic, and miscellaneous disorders including right heart failure, dilated cardiomyopathy, and nephrotic syndrome. The pathogenesis of chylous ascites in nephrotic syndrome remains unclear. Hypoalbuminemia led to edema of the mucosa and sub- mucosa in intestinal structures. The change that increases the permeability of mucosal cells, submucosal lymphatics, or serosal lymphatics results in the leakage of chylomicrons into the peritoneal space. Lipoprotein electrophoresis is useful for confirmation of the diagnosis with chyloperitoneum. Minimal change nephrotic syndrome in the adults is characterized by a good response to corticosteroid. Treating underlying disease is the most importance in the management of these patients.