LETTER-TO-EDITOR

Conservative Management of Chyle Leak following Thyroid Surgery: Beware the Right Anatomy

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Dear editor,

The article by Mayilvaganan et al[1] was reviewed with interest by the endocrine surgery team at our institution. A 43-year-old woman recently underwent a total thyroidectomy, with level VI and right selective lateral (II–IV) node dissection, for papillary thyroid cancer under our care. She was noted to have a nonrecurrent right laryngeal nerve intraoperatively.

Unfortunately, chyle was noted in the neck drain on the first postoperative day. As per the algorithm outlined by Mayilvaganan et al, conservative management was instigated, including a medium chain triglyceride (MCT) diet and empirical antibiotics. We did not utilize tranexamic acid in this instance as there is little evidence for its use in the specific context of postoperative chyle leaks after neck exploration.[2] Chyle was no longer visible in the drain by the fourth postoperative day; however, a serous fluid output persisted. The patient's corrected calcium also required judicious monitoring and oral supplementation during this period, due to potential losses through the chyle leak coupled with reduced intake associated with her dietary restrictions. The patient was discharged on the seventh postoperative day when the serous fluid output had settled and her corrected calcium levels were optimized. She continued an MCT diet for 1 month postoperatively. At 3-months follow-up, the patient is well with no long-term sequelae with regard to her postoperative chyle leak.

This case not only exemplifies a case of successful conservative management of a postoperative chyle leak, but also highlights the potential association of a right-sided thoracic duct and a right nonrecurrent laryngeal nerve.[3] We cannot say with certainty whether or not there was injury to a right-sided thoracic duct or to an unnamed lymphatic trunk draining to the right venous angle. Nevertheless, the case reminds us that it is imperative to be vigilant for the possibility of a right-sided thoracic duct, particularly if an aberrant laryngeal nerve is identified.

REFERENCES

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