

TSAPICON  
ABSTRACT FORM

**Title :** CHYLOUS ASCITES WITH UNILATERAL LIMB OEDEMA WITH CIRRHOSIS

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**Registered Delegate :** Yes

**Preferred Mode of Presentation :** Poster

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**OBJECTIVE:** The main objective of this study is to report a rare case of chylous ascites associated with unilateral limb oedema in a patient with cirrhosis of the liver, to highlight the diagnostic challenges and the importance of early recognition and management.

**Materials and Methodology:** A 53-year-old female presented with a six-month history of progressive abdominal swelling and two years of unilateral limb oedema. Upon clinical evaluation, vital signs were stable, and there were no neurological deficits or signs of gastrointestinal bleeding. Peritoneal fluid tapping revealed milky fluid with elevated triglyceride levels (>200 mg/dl), confirming the diagnosis of chylous ascites. Further investigations included abdominal ultrasonography, which showed liver cirrhosis with portal hypertension, and splenomegaly. Lymphoscintigraphy and CT were employed to assess the extent of lymphatic disruption.

**Results:** The patient's peritoneal fluid analysis showed high triglyceride levels (362 mg/dl), and the diagnosis of chylous ascites was confirmed in the context of cirrhosis with portal hypertension. The absence of infection, trauma, or malignancy was noted, indicating that the chylous ascites was primarily due to cirrhosis-induced lymphatic disruption.

The patient was managed with dietary modifications, including a high-protein, low-fat diet, and medium-chain triglycerides to reduce chyle production.

**Conclusion:** Chylous ascites is a relatively uncommon complication in cirrhotic patients, and its diagnosis can be established through straightforward testing of peritoneal fluid. Recognizing this condition is crucial for avoiding unnecessary invasive diagnostic procedures. Proper dietary management is essential for controlling chyle production and managing this condition effectively. This case underscores the importance of considering chylous ascites in the differential diagnosis of ascites in patients with cirrhosis.

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A handwritten signature in blue ink that reads "Dr. Sneha".

Signature of the presenting author

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