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Chylous ascites: case report

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Introduction
Most of the diseases of the lymphatic vessels chiliferi chylous reflux are related to gravitational dysplasia of lymphatic collectors and Chilosi, with parieto-valveinsufficiency. It is, however, of paintings relatively rare, occurring in most caseslready in the newborn or child, in relation to extent and severity of malformations lymphangitis-chilodisplastic that underlie these complex pathological manifestations. The chylous ascites is a rare clinical manifestation of chylous' vessel pathology. The authors present a case report of chylous ascites, which classification is performed during exploratory laparotomy, because the CT images gave a framework for doubt bowel infarction.
Materials and Methods. B.A., a woman of 84 years, arrives at our Unit, sent from the emergency department for acute abdomen.
Discussion. Are no epidemiological data reported in literature relating to diseases of the thoracic duct of cysterna chyli intestinal vessels and, in particular as regards theforms dysplasia.
Conclusions. The chylous ascites is often a difficult diagnosis to make clinically, CT often shows a picture comparable. Eidological intestinal infarction in case of acute abdomen, as the case report presented by the authors, and the suspicion of a bowel infarction, the Surgeon just have to perform an exploratory laparotomy with a diagnosis of chylous ascites and its drainage, with a high risk of death from cardio-circulatory failure.
Keywords: Chylous ascites, case report.

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Off-label use of pamidronate in hypercalcemic newborn affected by subcutaneous fat necrosis after therapeutic hypotermia

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Background: Subcutaneous fat necrosis is a dermatological disorder with characteristic subcutaneous nodules or plaques. It has a benign nature and generally runs a self-limiting course, although can cause significant and dangerous complications, including hypercalcemia. Outbreak of hypercalcemia occurs even several months after hypothermic treatment in asymptomatic or symptomatic way. Irritability, lethargy, hypotonia, emesis, polyuria, polydipsia, constipation and failure to thrive are the most common symptoms of hypercalcemia while seizures, cardiac arrest and acute or chronic renal failure are the most serious manifestations. Chronic hypercalcemia is also associated with nephrocalcinosis and metastatic calcifications of skin, heart, lever and vessels.
Low calcium and vitamine D formula preparation milk, diuretics, such as furosemide, and corticosteroids are first-line treatments. In some refractory case pamidronate is used. Pamidronate is a biphosphonate which can modulate bone turnover by leading hydroxyapatite crystals, and it can inhibit osteoclastic bone resorption.
Observation: A male full-term infant weighing 2,300 grams was born after an emergency cesarean section due to fetal heart rate decelerations. His initial Apgar scores were 1 at 1 minute, 4 at 5 minutes and 8 at 15 minutes. Due to hypoxic-ischaemic encephalopathy (stage 1 of Sarnat classification, with abnormal voltage and paroxysmal activities at electroencephalogram),a whole-body therapeutic hypothermia was initiated before sixth hour of life. It was performed to a target rectal temperature of 33,5°C, for about 36 hours. In the third day of life, he developed characteristic subcutaneous fat necrosis skin lesions, such as firm, indurated plaques and red and violaceous nodules, on the upper back area and buttocks. One month after the hypotermic treatment the infant developed a rapid, asymptomatic increase of calcemia. First his milk was changed to a very low calcium and vitamin D formula preparation, without a clinical improvement. Hypercalcemia (total serum calcium 13,8 mg/dL [reference range 9-10.9 mg/dL] and ionized calcium 1,96 mmol/L [reference range 1,12-1,32 mmol/L]) was successfully treated with a 3-days therapy of intravenous pamidronate at dose of 0,5 mg/kg/die.
No side effects were detected during the treatment and then serum calcium levels remained stable.