CLINICAL IMAGE

# Spontaneous Rupture of Dilated Thoracic Duct in Lymphangioleiomyomatosis

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## Case Report

A 55 year old female patient was diagnosed 15 years ago within lymphangioleiomyomatosis by a laparoscopic ovarian biopsy. Since then the patient was treated hormonally. A spontaneous rupture of the dilated thoracic duct occurred ten years ago. In Figure 1 contrast-enhanced CT shows a left chylothorax and the dilated thoracic duct at the time. The maximal diameter of the thoracic duct was 30 mm. Figure 2 demonstrates the corresponding curved multiplanar reconstruction of the thoracic duct. Repeated thoracocenteses were not successful and recurrences occurred. A left side thoracoscopy was therefore performed under general anaesthesia and with single lung ventilation. The rupture within the thoracic duct was not visible during the operation.

A talc pleurodesis was performed. The left thoracoscopic talc pleurodesis had to be repeated after two months due to a recurrence of the chylothorax. Since then neither a thoracic duct rupture nor a chylothorax have occurred and the diameter of the thoracic duct has decreased by 5 mm within three years. In summary, thoracoscopic talc pleurodesis may be a good therapy to treat a chylothorax secondary to a spontaneous thoracic duct rupture in lymphangioleiomyomatosis. Our patient has now been ten years recurrence free after the repeated thoracoscopic talc pleurodeses had been performed.



**Figure 1 :** Left chylothorax and dilated thoracic duct (◇) measured up to 3 cm in diameter (A)

**Figure 2:** Curved multiplanar reconstruction (MPR) of thoracic duct (◊) (B)