

Nutrition theraphy in Intraabdominal Tumors patient with chylothorax and pleural effusion

Dina Noerlaila Hadju, Haerani Rasyid
Department of Nutrition, School of Medicine, Universitas Hasanuddin, Makassar, Indonesia

A chylothorax can be defined as a leakage of chylous fluid from an abnormal or damaged thoracic duct or a main branch thereof, after an injury or obstruction in the pleural cavity. Management of a chylothorax includes surgical and conservative medical treatment that includes medical nutrition therapy. Nutrition support is of the utmost importance in the management of a patient who presents with a chylothorax to prevent the development of complications, such as malnutrition. The goals of nutrition theraphy are to decrease the production of chyle, replace fluid and electrolytes, and maintain and/or replete nutrition status. We reported 45 years old women with SGA score C, admitted to hospital with intraabdominal tumor with chylothorax and pleural effusion. Laboratory findings are severe hypoalbuminemia (1,9 mg/dl), severe hyponatremia (117 mmol/L), anemia (10 mg/dl), leukocytosis (24.9 10^3/µl), and thrombocytosis (806 10^3/µl). Nutritional theraphy by giving 1800 kcal of energy, protein 70,2 g per day, carbohydrate 225 g per day, and lipid 68 g per day through enteral and parenteral nutrition. Supplemetations administered are zinc, vitamin A, thiamine, pyridoxine, mecobalamin, vitamin C, and snake head fish extract high content protein albumin (Pujimin®). After 21 days, there are clinical and metabolic improvment in albumin (1,9 g/dl to 3,1 g/dl), Hb (10 to 12,4), Leukocyte (24.9 10^3/µl to 7.6 10^3/µl), trombocyte (806 10^3/µl to 453 10^3/µl), natrium (117 mmol/L to 135 mmol/L), and decrease production of chylous fluid.

Biography

Dina Noerlaila Hadju has completed her MD at the age 24 years from School of Medicine Universitas Muslim Indonesia, Makassar, Indonesia. She is a third year Clinical Nutrition Resident at Department of Nutrition, School of Medicine, Universitas Hasanuddin, Makassar, Indonesia

Presenting author details

Full name : Dina Noerlaila Hadju
Contact number : +6282348661114
Twitter account : @dinadinju
Linked In account : Dina N. Hadju
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