

Nutrition therapy in Intra abdominal Tumors patient with chylothorax and pleural effusion

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Abstract

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 therapy 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 (24.9 10³ / μ l), and thrombocytosis (806 10³ / μ l). Nutritional therapy 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. Supplementations 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 improvement in albumin (1,9 g/dl to 3,1 g/dl), Hb (10 to 12,4), Leukocyte (24.9 10³ / μ l to 7.6 10³ / μ l), trombocyte (806 10³ / μ l to 453 10³ / μ l), 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

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