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 g/dl), severe hyponatremia (117 mmol/L), anemia (10 mg/dl), leukocytosis (24.9 10^3 /µl), and thrombocytosis (806 10^3 /µl). 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. 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 improvement in albumin (1,9 g/dl to 3,1 g/dl), Hb (10 to 12,4), Leukocyte (24.9 10^3 /µl to 7.6 103 /µl), trombocyte (806 10^3 /µl to 453 103 /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

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