

## THORACIC DUCT TRAUMA FOLLOWUP

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At the time of publication of the article entitled "TRAUMATIC INJURY TO THE THORACIC DUCT" [Lymphology 35 (2002), 14], patient 6 was improving after a complicated clinical course involving blunt injury to both the central venous system and thoracic duct. Subsequently, he returned with facial suffusion and worsening peripheral edema and ascites. Repeat MR with gadolinium demonstrated complete occlusion of all central veins including the right innominate that had been opened with balloon dilation and insertion of a Wallstein stent. Despite diuretic drugs and further pleurodesis, he gradually deteriorated from progressive pulmonary insufficiency (chylous interstitial edema) and died 5 months later.

Simultaneous injuries to both the central venous system and thoracic duct after blunt trauma are distinctly rare, and even the multimodal clinical management using both sophisticated operative and non-operative techniques to control chylous effusions proved inadequate. This patient highlights that ligating the thoracic duct in some circumstances is not innocuous and gives credence to preferentially shunting the injured thoracic duct into an adjacent vein when feasible.

### REFERENCES

1. Guzman, AE, L Rossi, CL Witte, S Smyth: Traumatic injury of the thoracic duct. Lymphology 25 (2002), 14.

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