

Propranolol as a treatment for bilateral congenital chylothorax

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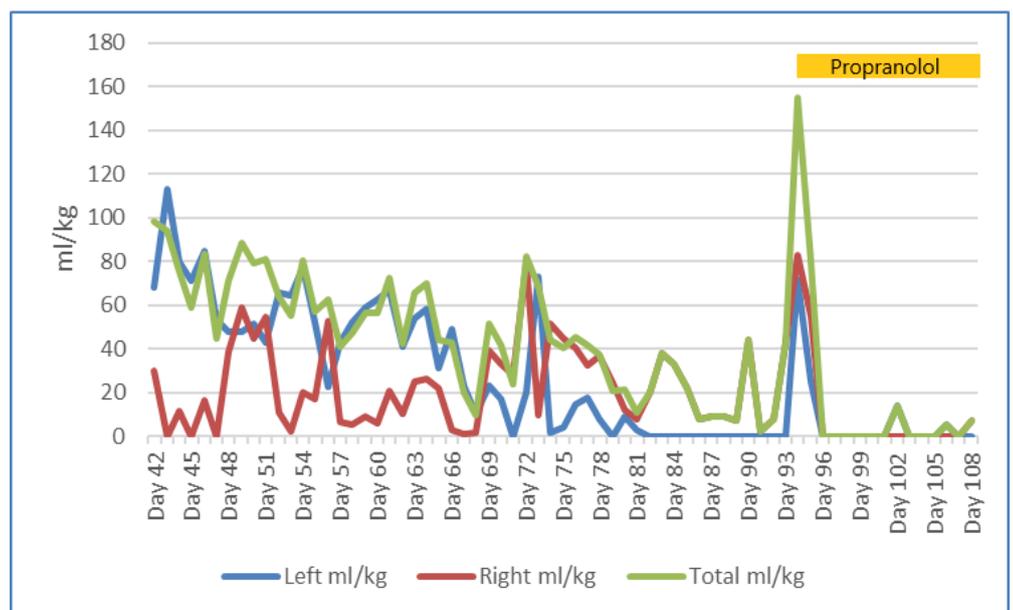
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We present the case of an infant with a background of SPEG related centronuclear myopathy with bilateral congenital chylothorax treated with propranolol in order to enable establishing enteral feeds.

Initially management was with intermittent pleural aspirates, before bilateral chest drains were sited on day 36 of life. Combined drain losses were persistently high (peak 50-100ml/kg/day). Attempts to manage with low fat enteral feeds were unsuccessful necessitating going NBM and commencing PN. This did not prevent ongoing losses. Octreotide was trialled but was unsuccessful in reducing drain output so following cross discussion with the regional cardiothoracic team to explore surgical options, the infant underwent bilateral pleurodesis on day 74 of life. Though initially thought to be successful, with the left drain being removed on day 80, the right drain continued to have significant losses. Due to re-accumulation of chylothoraces causing respiratory compromise a new right sided drain was placed on day 92 and left sided drain on day 93. Following literary review¹, decision to commence propranolol (0.5mg/kg/day in divided doses) was taken on day 95. This was well tolerated without cardiovascular side effect. Within 3 days from commencing, bilateral drain losses reduced to minimal enabling enteral feeds with low fat milk feed (Monogen) to be commenced on day 99 of life. Propranolol continued as enteral feeds were established without further increase in drain losses. Bilateral drains were removed by day 108 of life with serial lung ultrasound and chest x-ray confirming no re-accumulation

Conclusion:

Introduction of propranolol in this case demonstrated good effect, reducing chylothorax losses enabling this infant to establish on full enteral feeds.



Daily chest drain outputs demonstrating the reduction in output following the introduction of propranolol on day 95