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# CONGENITAL FETAL CHYLOTHORAX: TWO CASES EARLY DIAGNOSIS, TIMELY INTERVENTION, EXCELLENT OUTCOME

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## CASE 1



### PRESENTATION

- Referred at **18+4 weeks** with mild right pleural effusion.
- First-trimester screening: **Low risk**.



### INVESTIGATIONS

- CMV IgG positive; IgM, TORCH and Parvovirus negative.
- QF-PCR, WES and MCAP-VS: **Normal**.



### DISEASE PROGRESSION

- Progressive pleural effusion with development of **hydrops fetalis**.



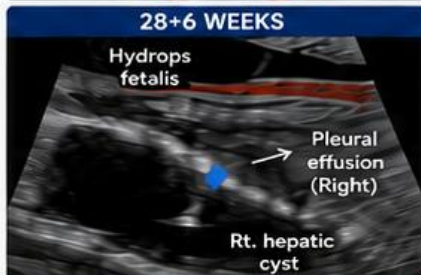
### FETAL INTERVENTION

- Thoracocentesis (28+6 weeks)**: 100 mL chylous fluid drained.
- Fluid analysis confirmed **chylothorax** ( $\uparrow$  triglycerides, lymphocyte predominant).
- Thoraco-amniotic shunt inserted at **29+4 weeks**.



### NEONATAL OUTCOME

- Delivered by LSCS at **30 weeks**.
- Birth weight: **1.8 kg**.
- NICU stay: **32 days** with ventilation, chest drain, MCT diet and octreotide.
- Discharged in stable condition; **well on follow-up**.



## CASE 2



### PRESENTATION

- 21+3 weeks**: Moderate right pleural effusion with **dextroposition of the heart** detected on anomaly scan.
- Low-risk first-trimester screening.



### INVESTIGATIONS

- 21+3 weeks**: Amniocentesis (QF-PCR & WES normal) and pleurocentesis confirming **congenital chylothorax** (100% lymphocytes).



### DISEASE PROGRESSION

- 27+2 weeks**: Progression to **massive pleural effusion**, **mediastinal compression**, **hydrops**, and **polyhydramnios**.



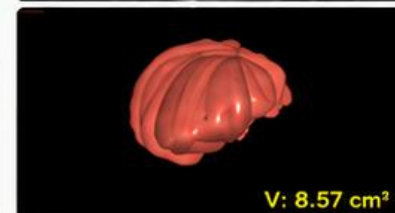
### FETAL INTERVENTION

- 27+2 weeks**: First thoraco-amniotic shunt inserted.
- 31 weeks**: Persistent effusion; repeat shunt attempt unsuccessful. **Thoracocentesis (50 mL)** and **amnioreduction (150 mL)** performed.
- 32 weeks**: Successful repeat thoraco-amniotic shunt placement.



### NEONATAL OUTCOME

- 35+4 weeks**: LSCS; birth weight **2.3 kg**.
- 12-day NICU stay** with chest drain, MCT diet, and octreotide.
- Discharged in stable condition with **good follow-up**.



## CONCLUSION

Early detection and timely intervention in congenital chylothorax can effectively prevent fetal deterioration and lead to excellent neonatal outcomes.



Both cases highlight the value of multidisciplinary care, advanced imaging, and minimally invasive fetal therapy.