

PP-16

영유아 림프부종 환자에서의 림프관정맥 문합술

(Lymphovenous Anastomosis in an Infant with Primary Lymphedema)



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Purpose: Primary lymphedema due to congenital lymphatic malformation may present as nonimmune hydrops and refractory chylothorax. We report lymphovenous anastomosis (LVA) in an infant under 12 months with persistent chylothorax and generalized edema.

Methods: A female infant born at 28+0 weeks (1,156 g) via emergency cesarean section for fetal hydrops presented with bilateral pleural effusion. Pleural fluid analysis demonstrated lympho-dominant (94%) exudative chylothorax. Despite chest tube drainage, octreotide infusion, lipiodol embolization, and dietary modification, effusion persisted. Preoperative evaluation with ultrasonographic lymphatic vessel tracing and MR lymphangiography revealed dilated lymphatic channels in the bilateral inguinal regions and around the right internal jugular vein.

All procedures were performed under general anesthesia. The initial LVA was conducted at 4 months of age, consisting of bilateral inguinal LVAs with one anastomosis in each inguinal area. As respiratory distress and generalized edema worsened, additional cervical LVAs were performed 1 and 2 months after the initial operation, respectively, with two anastomoses at each surgery.

Results: All anastomoses were technically feasible despite small vessel size. Pleural effusion persisted after the cervical LVAs, requiring repeated chest tube drainage and two sessions of pleurodesis. After catheter removal and gradual diuretic tapering, generalized edema decreased and respiratory status stabilized. The

patient was extubated and discharged with nasal prong oxygen support.

Conclusion: LVA contributed to improvement of generalized edema and refractory chylothorax in this infant. Although LVA has been reported in older children with primary lymphedema, its application in infants under 1 year is rare, highlighting its clinical relevance in very young patients.



Figure 1. Medical photographs of pre-operative and post-operative 4 months

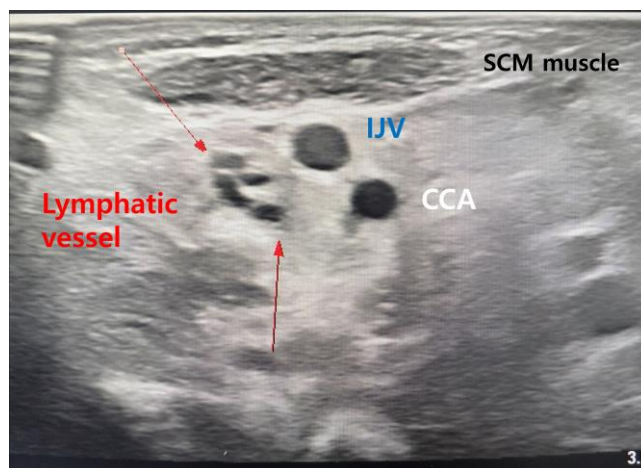


Figure 2. Pre-operative sonography of Rt. neck (IJV : Internal Jugular Vein, CCA : Common Carotid Artery, SCM : Sternocleidomastoid)