Chylothorax due to *Mycobacterium tuberculosis*  

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**Abstract**  
Chylothorax in an adult is a rare cause of pleural effusion. *Mycobacterium tuberculosis* may cause chyloous effusion, but usually in association with extensive intrapulmonary involvement. A case of chylothorax is presented in which *M tuberculosis* was isolated from the pleural fluid and was the only intrathoracic manifestation of tuberculosis.  

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Chylothorax is a relatively rare cause of a pleural effusion and is usually associated with neoplasms or trauma to the thoracic duct.  

Tuberculous chylothorax constitutes an exceptional clinical condition. We report a case in which *Mycobacterium tuberculosis* was isolated from a chyloous pleural effusion in a patient without any other associated thoracopulmonary abnormalities.

**Discussion**  
Spontaneous chylothorax in an adult is rare. Chylothorax should be suspected in those cases who present with a milky effusion. Definitive diagnosis will depend on a high triglyceride level (>110 mg/100 ml) in the pleural fluid. Several conditions are associated with chyloous pleural effusions including malignant neoplasms, trauma to the thoracic duct, congenital malformations and, less commonly, filariasis, amyloidosis, thrombosis of the jugulo-subclavian confluence, hepatic cirrhosis, and lymphangiomyomatosis. The role of *M tuberculosis* in the development of a chylothorax remains controversial and only a few reports have been published. All such cases have been in association with extensive intrapulmonary involvement which accounts for the lesion in the lymphatic system. In our case, CT scans did not show abdominal or thoracopulmonary abnormalities apart from the chylothorax itself. Although we do not know how the effusion developed, we suggest that the thoracic duct and/or major lymphatic channels may be directly involved by *M tuberculosis* in the absence of demonstrable thoracopulmonary disease. However, this hypothesis could only be proven by pathological evidence of a tuberculous lesion.