

ABSTRACTS OF CASE REPORTS

CR 16

An Elderly Man Presenting with Milky Urine

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Introduction

Abnormal connections between lymphatics and the urinary tract lead to leakage of chyle in to urine resulting in milky urine. Urine triglyceride more than 15 mg/dL is indicative of chyluria. Causes can be divided as parasitic and non-parasitic causes. Most common parasitic cause is the Wuchereria bancrofti infestation. Non-parasitic causes include trauma, malformation of lymphatics, infections (tuberculosis), infiltrating malignancies, radiation, pregnancy, lymphangioma and stenosis of the thoracic duct.

Case Presentation

A 70-year-old male presented with postprandial milky urine and weight loss for four months duration. Urine full report (UFR) on fully automated urine analyser revealed 241 red cells/cumm. Light microscopic examination of urine deposit after Giemsa stain revealed field full of lymphocytes with occasional red cells. Postprandial urine triglyceride level was 370 mg/dL (<15 mg/dL) with increased protein excretion. Imaging studies of abdomen were normal. Ureteroscopic examination revealed obvious chyluria from left ureter and follow up contrast images showed abnormal lymphatic connection in to the upper calyx of the right renal pelvis. He was treated with endoscopic sclerotherapy using 0.5 % Silver Nitrate.

Discussion

UFR in patients presenting with chyluria can be deceiving and it is important to look for lymphocytes in urine deposit and analyze urinary triglycerides.

Keywords

Chyluria, triglyceride, lymphatics