CORRESPONDENCE

Congenital Chylous Ascites and Lymphedema in Down's Syndrome: Authors' Reply

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To the Editor: The reported case was described as 'Congenital chylous ascites and lymphedema in Down's syndrome' not as primary chylous ascites [1]. Investigations like analysis of the peritoneal fluid were done to prove the ascites as chylous and the ascites was present since birth. Surgical exploration of abdomen is indicated only in case of refractory chylous ascites after 10 wk of bowel rest [2, 3]. As in this case, ascites started to improve within 3 wk of management, resolved completely within 8 wk and did not recurr again, abdominal exploration was not done. Due to the transient nature of this ascites, lymphoscintigraphy or lymphangiography was not done. Serum albumin was done on weekly basis and at 14th wk it came to normal-2.7 mg/dL.

At 6th mo serum albumin was 3.2 mg/dL. Presently the child is 13 mo old and absolutely normal except the sequels of Down's syndrome.

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