ABSTRACT

Chylous discharge into cavities or skin is rare and usually arises after operations in the vicinity of the cisterna chyli (secondary chylous reflux). When chylous discharge is primary, however, chylous reflux has usually been present since birth probably as a consequence of obstruction to lymph flow at or above the cisterna chyli. We report a patient who had had chylous reflux into lacerated skin in a lymphedematous thigh for more than 30 years. The condition was successfully managed using both operative and non-operative methods.