

EDITORIAL COMMENT

Dr. Mullins and colleagues are to be congratulated on this thoughtful review of their experience with lymphangiography +/- sclerotherapy in a urological patient population. Clearly, the interventional radiology service at Hopkins has continuing expertise in the forgotten art of canalizing lymph vessels, both in urologic and non-urologic patients. Their brief description and technique reference, are excellent, as are the figures. Of the three patients described, all resolved their persistent chylous ascites, but with, as the authors point out, three very different approaches, only one of which involved therapeutic lymphangiography.

At many centers, including my own, this kind of expertise is not available. Our patients have been managed exclusively with dietary manipulation, including patients who have had complete removal of their vena cava. A challenge has been patient education of the do's and don'ts of diet modification, and our patients have found the precise instructions in the appendix of the 2004 and 2011 paper by McCray and Parrish most helpful.¹

My sense is after reading this article, many urologists will be sending their refractory chylous ascites patients to this group!

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Reference

1. McCray S, Parrish CR. 'Nutritional Management of Chyle Leaks: An Update'. *Practical Gastroenterology* 2011:12-32. (available at <http://www.medicine.virginia.edu/clinical/departments/medicine/divisions/digestive-health/nutrition-support-team/nutrition-articles/McCrayArticle2011.pdf>).