Chyloretroperitoneum Associated With Suspect T4 – T8 Discospondylitis In A Dog

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Chyloretroperitoneum is a rare condition reported in humans, most often as a complication of spinal or urogenital surgery.[1, 2] To date, no cases of chyloretroperitoneum have been documented in dogs or cats.

An 11-month-old female entire Staffordshire Bull Terrier was presented with acute vomiting, lethargy and abdominal pain. Abdominal ultrasound identified severe retroperitoneal effusion and mild peritoneal effusion. Fluid analysis confirmed a chylous origin based on an elevated triglyceride concentration (30.2 mmol/L). Thoracic and abdominal computed tomography confirmed the effusions and identified sclerosis with non-displaced fractures of the T4–T8 vertebral endplates. No samples were obtained from the affected intervertebral discs or vertebral endplates. Urine bacterial culture and serum galactomannan assay were negative. A presumptive diagnosis of bacterial discospondylitis was made. Oral antibiotics and a nonsteroidal anti-inflammatory drug were initiated. Clinical signs resolved within two weeks, with repeat ultrasound confirming complete resolution of the effusions. Repeat spinal radiographs at the two-week recheck also showed improvement in vertebral endplate sclerosis. Antibiotic therapy was continued for six months. There was no recurrence of clinical signs after completing medical treatment.

This case report describes a rare presentation of chyloretroperitoneum with concurrent thoracic discospondylitis in a dog. It highlights the importance of considering spinal pathology as a differential diagnosis for chyloretroperitoneum. Treatment of the spinal pathology may lead to the resolution of the chyloretroperitoneum.

Reference

1. Joubert C, Monchal T, Junca-Laplace C et al. Management of Chyloretroperitoneum After Lumbar Surgery by Anterior Approach. *World Neurosurg* 2019;122:e1211-e1221.

2. Kawaguchi S, Kadono Y, Nohara T et al. A Case Report of Chyloretroperitoneum Post Living-Donor Transplantation. *Urol Int* 2020;104:160-162.