

Chest X-ray of a patient with history of pleural effusion

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The presented chest X-ray depicts the thoracic duct anatomy of a 50-year-old man who underwent heart transplantation. His postoperative course was complicated by *Candida* mediastinitis, treated with débridements and closure of the anterior chest wound with myocutaneous flaps. Postoperatively, he had persistent output from a right-sided chest tube. The fluid appeared milky and its triglycerides level was elevated at 254 mg/dL. The drainage persisted despite a low fat diet. The interventional radiologist identified a leak in

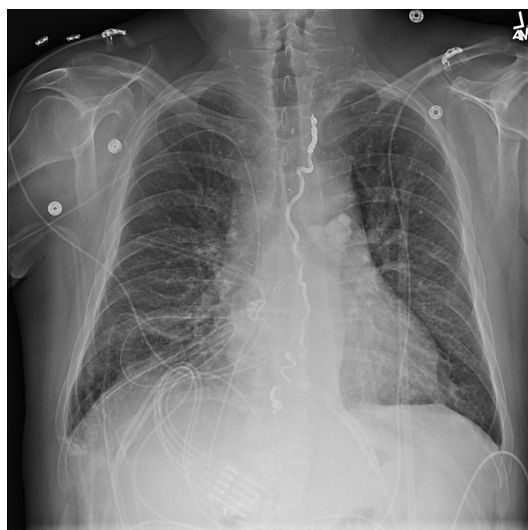


Figure 1 PA chest X-ray showing the anatomy of the thoracic duct. The thoracic duct is filled by a radio-opaque material that the interventional radiologist used to embolise the thoracic duct.



Figure 2 Anatomy of the thoracic duct on the lateral chest X-ray.

the upper thoracic duct. It was embolised with coil and onyx. After the procedure, the chylous pleural effusions resolved. The thoracic duct has been visualised on subsequent chest X-rays (figures 1 and 2).

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