

## Recombinant Factor VII

Sir,

The paper by Teh *et al*<sup>1</sup> stated that recombinant factor VII<sub>a</sub> was used for the first time in the region for a patient with acquired haemophilia at University Hospital, Kuala Lumpur. For the record, the first use of factor VII<sub>a</sub> in an acquired haemophilia in Malaysia was for a 26-year-old man with life-threatening retroperitoneal haemorrhage at Subang Jaya Medical Centre in March 1992. The case was presented as an oral paper in the first National Conference of Haematology in April 1994 and published as a case report<sup>2</sup> in *Annals of Academy of Medicine (Singapore)* in 1994.

### References

1. Teh A, Leong KW, Bosco JJ, Koong PL and Jayarane S. Acquired Haemophilia – A Therapeutic Challenge. *Med J Malaysia* 1995;50 : 166-70.
2. SC Ng. Activated Recombinant Factor VII in the Treatment of Retroperitoneal Haemorrhage in a patient with Factor VIII inhibitor. *Ann Acad Med Singapore* 1994;23 : 901-2.

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## Chylothorax 2° to Tuberculosis

Sir,

Chylothorax is a rare condition. Tumour accounts for about 50% of cases. Tuberculosis is not a common cause of chylothorax. We report a case of chylothorax

in which all the other common causes were ruled out and which responded to anti-tuberculous therapy.

A 40-year-old Chinese lady presented with a recent history of non tender left neck swelling, associated with low grade fever, night sweats and mild dyspnoea on exertion. There was no history of tuberculosis or contact with tuberculous patients. Clinically there was some fullness on the left side of the neck and findings consistent with a left pleural effusion.

Investigations revealed a raised ESR at 80 mm/hour and 150 mm/hour on 2 consecutive examinations. Mantoux test was positive at 16 mm. A chest X-ray confirmed a left pleural effusion. Pleural tap revealed milky fluid which was alkaline (pH 7.92) and consistent with exudate (Albumin 32 gm/L). Lipoprotein electrophoresis showed presence of chylomicrons and VLDL. The Sudan III stain was positive.

### Pleural Fluid

Total Cholesterol (TC) : 7.25 mmol/L  
Triglycerides (Tg) : 29.00 mmol/L

### Fasting Serum Lipids

Total Cholesterol (TC) : 4.32 mm/L  
Triglycerides (Tg) : 1.10 mm/L

The IFAT (Indirect Fluorescent Antibody Technique) for filariasis showed normal titres. Bronchoscopy was normal. She was started on a trial of anti tuberculous treatment (2HR<sup>2</sup>/4RH) and discharged one week later. At follow-up after two weeks, she had CT scan Thorax/Abdomen which was normal. A repeat CXR done two weeks later showed the effusion had cleared. She was then put on a full 6 months course of treatment and is presently doing well on follow-up.

The only other condition which may present similarly is pseudo-chylothorax. Some of the points in