
Clinical Quiz

What is the diagnosis?

PWC **Lo**, SLK **LEE**, TTW **CHOW**, JYL **TUNG**

History

A 15-year-old boy presented with symptoms of superior vena cava and airway obstruction was diagnosed of T-lymphoblastic leukaemia. Chemotherapy was commenced according to Chinese Children's Cancer Group Acute Lymphoblastic Leukaemia 2015 protocol. He developed severe necrotising enterocolitis requiring bowel resection and was supported with total parenteral nutrition (TPN) for one month. The lipid profile was normal when he was on TPN. His condition was stabilised and he proceeded to interim maintenance chemotherapy, which included Dexamethasone 12 mg per metre square per day from day one to five and Peg-asparaginase 2000 units per metre square on day three every three weeks for five doses. In the eighth week, he complained of abdominal pain and vomiting for one day. Milky serum was noted upon blood taking (Figure 1). The serum sodium level was 124-128 mmol/L.

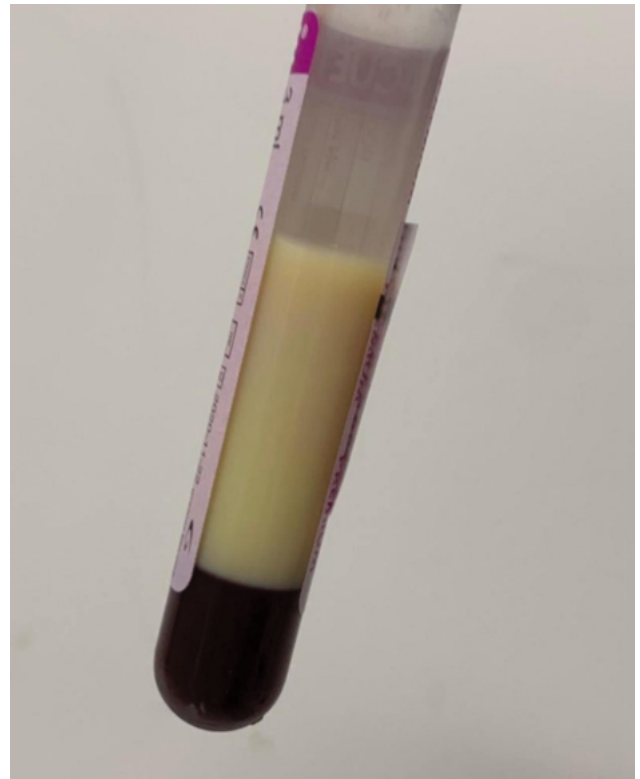


Figure 1 Milky serum of our patient taken 1 day after onset of gastrointestinal symptoms.

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Answer to "Clinical Quiz" on Pages 195-198

N.B. The Editors invite contributions of illustrative clinical cases or materials to this section of the journal.