Re-Expansion Pulmonary Edema after Therapeutic Thoracentesis

Yoko Shibuya¹ and Yoichiro Shibuya²

¹Department of Radiology, Tsukuba Central Hospital, Japan
²Department of Plastic and Reconstructive Surgery, University of Tsukuba, Japan

Keywords
Pulmonary edema; Thoracentesis

Clinical Image
A 59-year old man with hepatitis C, liver cirrhosis, and multiple hepatocellular carcinoma had previously been treated with trans-catheter arterial chemoembolization. However, his status remained uncontrolled. After he developed ascites, pleural effusion (due to liver cirrhosis), dyspnea, and abdominal distension, thoracentesis was performed, after which he complained of worsening dyspnea. Chest X-ray showed a large amount of right pleural effusion and aeration loss (Figure 1). Chest computed tomography showed severe hydro-pneumothorax, ground-glass opacities predominantly in the right superior lobe, centrilobular micronodules, thickening of interlobular septa, and right pleural effusion (Figure 2). Our diagnosis was re-expansion pulmonary edema. Maintaining spontaneous respiration with 5L/min of nasal oxygen lead to improvement in his dyspnea and oxygen saturation level. As re-expansion pulmonary edema after therapeutic thoracentesis is a rare complication that has been associated with a high mortality rate [1], due care and attention are warranted.

OPEN ACCESS

Correspondence:
Yoichiro Shibuya, Department of Plastic Surgery, University of Tsukuba, 1-1-1 Tennodai, Tsukuba, Ibaraki 305-8575, Japan, Tel: 81298533122; Fax: 81298533122; E-mail: yoichiroshibuya@yahoo.co.jp

Received Date: 09 Mar 2018
Accepted Date: 27 Mar 2018
Published Date: 04 Apr 2018

Citation:

Copyright © 2018 Yoko Shibuya. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

References