



Pulmonary Edema ex vacuo or Unilateral Shock Lung: A Case Report

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Keywords

Edema ex vacuo; Re-Expansion Pulmonary Edema (REPE); Pulmonary collapse

Clinical Image

Pulmonary edema is a rare but potentially life-threatening iatrogenic complication after treatment through therapeutic thoracentesis of a collapsed lung due to a hydro- or pneumothorax. We present a case of a 25 years male, without any pathological antecedents, who went to our emergency services with dyspnea, tachypnea, and hypoxemia [1]. The final diagnosis made after a clinical examination and chest X-ray showed a complete the collapse of the right lung due to spontaneous pneumothorax (Figure 1).



Figure 1: X-ray showed a complete the collapse of the right lung due to spontaneous pneumothorax.

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Received Date: 25 Nov 2022

Accepted Date: 07 Dec 2022

Published Date: 12 Dec 2022

Citation:

Mohamed NA, Irene PE, Gil GG,
Manuel LJS. Pulmonary Edema ex
vacuo or Unilateral Shock Lung: A Case
Report. *Clin Case Rep Int.* 2022; 6:
1434.

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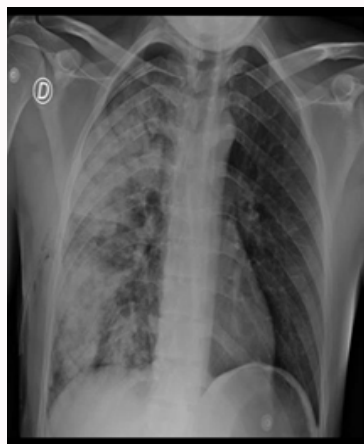


Figure 2: X-ray that revealed an alveolar infiltrate of the entire right lung field, which was interpreted as Re-Expansion Pulmonary Edema (REPE).



Figure 3: After the treatment the patient became asymptomatic and presented the following Chest X-ray.

The chest drainage was carried out, because of pneumothorax. About 30 min after pleural drainages tube placement, the patient started with thorathic pain and severe cough and was kept with hypoxemia [2]. We take immediately a control chest X-ray that revealed an alveolar infiltrate of the entire right lung field, which was interpreted as Re-Expansion Pulmonary Edema (REPE) (Figure 2) [3].

We were treated successfully with supplemental oxygen therapy and methylprednisolone for 5 days, after the treatment the patient became asymptomatic and presented the following chest X-ray (Figure 3).

Conclusion

Re-Expansion Pulmonary Edema (REPE) or unilateral shock lung is an infrequent clinical entity, with a low incidence rate. It can cause worsening in patients with a tension pneumothorax after

placement of the pleural tube drainage. The suspected diagnosis is made with an anamnesis and clinical history and requires confirmation by performing a chest X-ray. The treatment consists of bolus administration of methylprednisolone and supplemental oxygen, with complete resolution of symptomatology the in the majority of patients.

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