



## Re-Expansion Pulmonary Edema after Therapeutic Thoracentesis

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### 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 led 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.

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Figure 1:

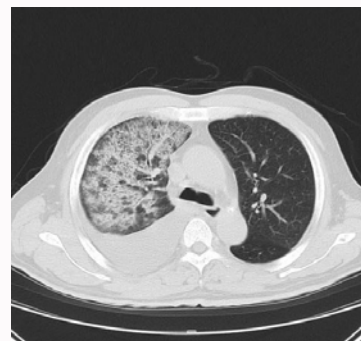


Figure 2:

### References

1. Sunderland N, Maweni R, Akunuri S, Karnovitch E. Re-expansion pulmonary oedema: A novel emergency therapeutic option. *BMJ Case Rep*. 2016.