

A 26-Year-Old Man With a Pleural Effusion and Headache



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CASE PRESENTATION: A 26-year-old man presented to the ED with dizziness and gait imbalance. He noted dizziness for 3 months, but symptoms progressed more rapidly over the last 3 weeks when he began experiencing nausea, vomiting, and “wobbly legs.” These symptoms would worsen with physical exertion, especially when lifting heavy objects. On review of systems, he also reported subjective fevers and chills. He had no appreciable dyspnea, cough, chest pain, or increased sputum production. The patient recalled a history of “brain surgery” approximately 4 years prior to his presentation, but no further details could be provided at the time.

CHEST 2018; 154(4):e113-e117

Physical Examination Findings

Vital signs were temperature 36.8°C, blood pressure 96/66 mm Hg, pulse rate 80 beats/min, respiratory rate 12 breaths/min, and oxygen saturation 100% on room air. A comprehensive neurologic examination was performed, revealing orientation to person and place, but not date or time. Strength and sensation were intact throughout his extremities as were cranial nerves II-XII. Breath sounds were noted to be absent in the right lower lung field, with increased dullness to percussion and egophony. The remainder of the patient’s physical examination was unremarkable.

Diagnostic Studies

The results of a complete blood count and chemistry panel were unremarkable. In light of the patient’s

chiefly neurologic complaints, a CT scan of the brain was performed and demonstrated chronic-appearing hydrocephalus as well as a density within the aqueduct of Sylvius (Fig 1). A plain radiograph of the chest revealed an opacity in the right lower lung field, correlating with the patient’s clinical examination (Fig 2). Bedside thoracic ultrasound demonstrated a large free-flowing pleural effusion. A CT scan of the thorax further corroborated the presence of a large right-sided pleural effusion with atelectasis of the adjacent lung (Fig 3). When the pleural fluid was sampled, it was found to be transudative, with elevated levels of β_2 -transferrin.

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DOI: <https://doi.org/10.1016/j.chest.2018.04.011>



Figure 1 – CT scan of the brain, demonstrating chronic-appearing hydrocephalus.

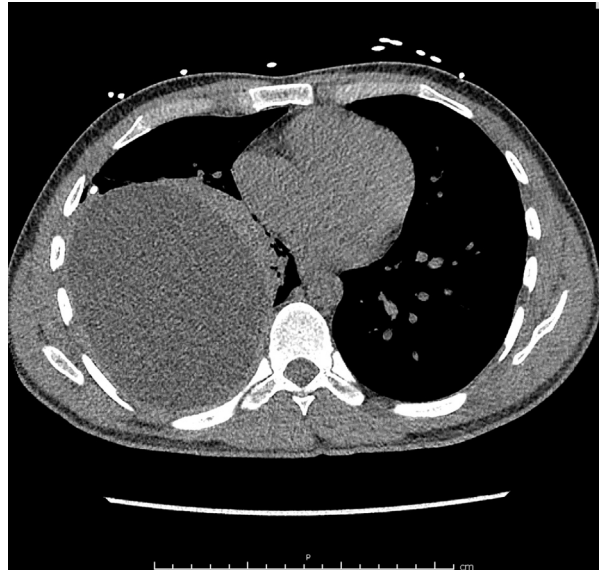


Figure 3 – CT scan of the thorax in the axial view, demonstrating a large pleural effusion with atelectasis of the adjacent lung.

What is the diagnosis?

Should large-volume thoracentesis be performed?

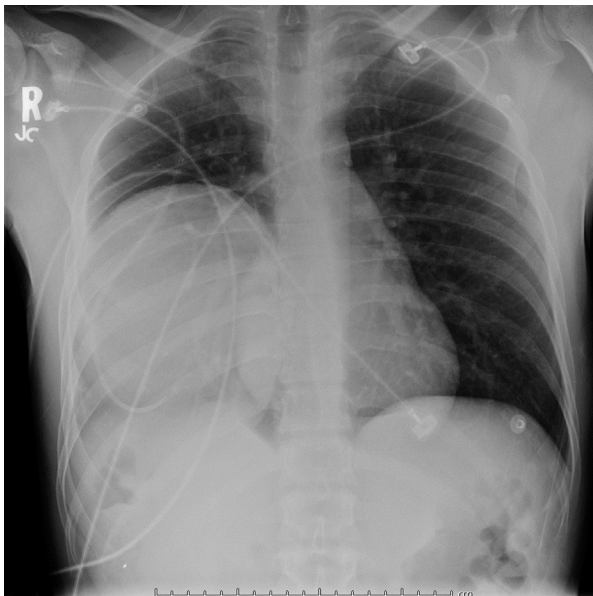


Figure 2 – Plain chest radiograph, demonstrating opacification of the right lower lung field.

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