

An 80-Year-Old Man With Dyspnea and Bilateral Pleural Effusions After Partial Nephrectomy for Renal Cell Carcinoma



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An 80-year-old man presented because of superficial head trauma sustained after falling from bed. On review of systems, he reported worsening dyspnea on exertion, nonproductive cough, and weight loss over the preceding 2 to 3 months. There was no report of chest pain or leg swelling. He had a past medical history of hypertension, coronary artery disease, subclinical hypothyroidism, and renal cell carcinoma treated with partial right nephrectomy approximately 1 year before this presentation. Two months earlier he had been evaluated in the dermatology clinic for painful, dystrophic fingernails. At that time he was diagnosed with acropachy with onycholysis and suspected superinfection, and after failing to improve with vinegar soaks and topical antimicrobials, he underwent surgical nail removal on the second and fourth digits of the right hand. Histological examination of the operative specimens revealed dystrophic nails with negative fungal stains. His medications included levothyroxine, hydrochlorothiazide, and clopidogrel. He had never smoked and had done clerical work until retirement. He was originally from Colombia.

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Physical Examination Findings

The patient was in no acute distress, and his breathing was unlabored. He was afebrile with a blood pressure of 163/74 mm Hg, pulse of 70 beats/min, respiratory rate of 20 breaths/min, and oxygen saturation of 98% on room air. Lung examination was remarkable for decreased breath sounds with dullness to percussion more on the right than left. Cardiac auscultation was normal. There was no edema or jugular venous distention. The appearance of the patient's fingernails is depicted in [Figure 1](#).

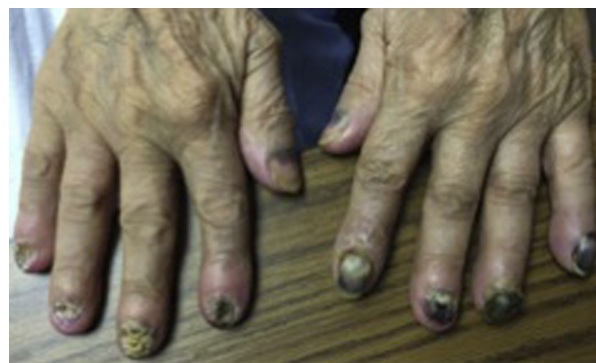


Figure 1 – The appearance of the patient's fingernails as seen on physical examination.

Diagnostic Studies

The complete blood count revealed normocytic anemia. Serum chemistry was notable for a sodium level of

ABBREVIATIONS: YNS = yellow nail syndrome

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Figure 2 – A, Portable chest radiograph showing a right pleural effusion and a left basilar opacity. B, CT of the chest demonstrating a large right and small left pleural effusion as well as postsurgical changes associated with the right kidney.

121 mEq/L (normal range, 136-146 mEq/L). Other electrolytes, creatinine, albumin, liver function tests, and coagulation parameters were normal. Serum brain natriuretic peptide level was 21 pg/mL (normal <100 pg/mL). Portable chest radiograph showed a moderate right pleural effusion (Fig 2A). Chest CT imaging demonstrated the presence of bilateral pleural effusions as well as a pericardial effusion without significant parenchymal abnormalities (Fig 2B). Postoperative changes were seen about the right kidney. CT imaging of the abdomen and pelvis was significant for a small amount of ascites. Echocardiography confirmed the pericardial effusion and showed normal left ventricular systolic function. Persistent concern for metastatic malignancy prompted right thoracentesis. The gross appearance of the pleural fluid obtained is depicted in Figure 3.



Figure 3 – The gross appearance of the patient's pleural fluid.

What is the most likely diagnosis?

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