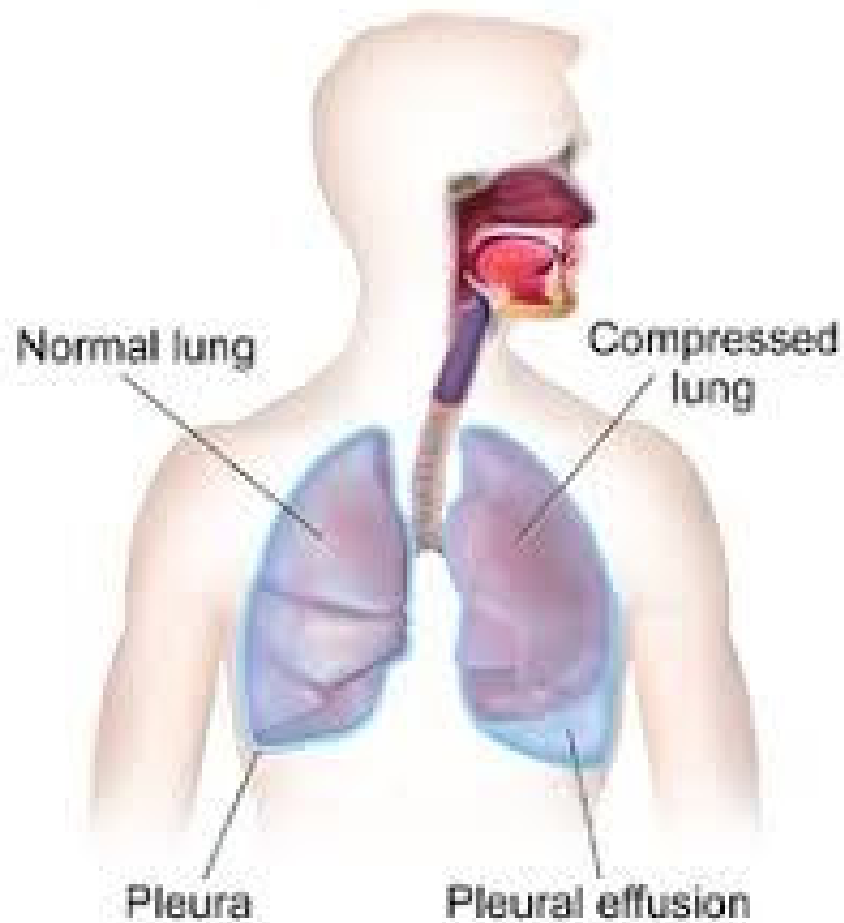




Pleural Effusion



SYMPTOMS

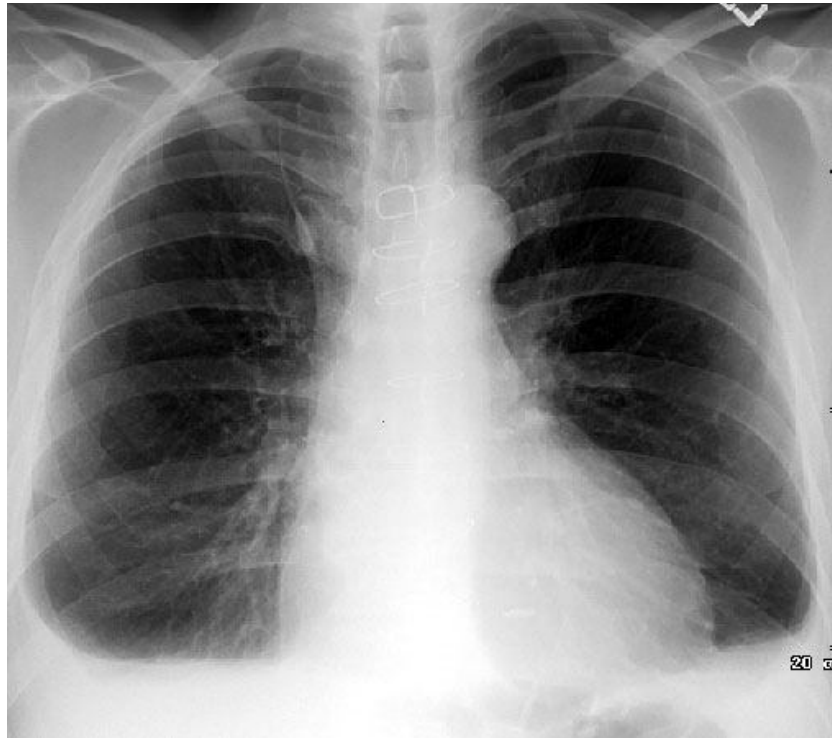
- DYSPNEA
- PLEURITIC PAIN
- SYMPTOMS OF UNDERLYING DISORDER
- HIGH FEVER IN ACUTE PYOGENIC INFECTION

PHYSICAL EXAMINATION

- ◉ DIMINUSION OF MOVEMENT ON AFFECTED SIDE
- ◉ PLEURAL FRICTIONAL RUB ON AUSCULTATION
- ◉ PLEURAL FLUID DETECTABLE ONLY WHEN MORE THAN 500ml
- ◉ PERCUSSION ELICITS STONY DULLNESS-S SHAPED CURVE OF ELLIS
- ◉ TRAUBES SPACE OBLITERATED IN LEFT SIDED PLEURAL EFFUSION
- ◉ BREATH SOUNDS,VOCAL FREMITUS,VOCAL RESONANCE DIMINISHED OR ABSENT .
- ◉ EGOPHONY MAY BE PRESENT ABOVE THE LEVEL OF EFFUSION
- ◉ BRONCHIAL BREATHING MAY BE HEARD OVER PLEURAL EFFUSION

RADIOLOGICAL APPEARANCE

- FLUID VOLUME SMALL-ONLY COSTOPHRENIC ANGLES OBLITERATED
- AS FLUID INCREASES-TRIANGULAR LATERAL OPACITY OBSCURING THE HEMIDIAPHRAGM
- LARGE EFFUSIONS –SHIFT OF MIDLINE EFFUSIONS TO OPPOSITE SIDE
- INTERLOBAR EFFUSION IN OBLIQUE FISSURE-ELONGATED CIGAR SHAPED SHADOW ON LATERAL VIEW
- FLUID IN HORIZONTAL FISSURE-RONDED SHADOW IN POSTEROANTERIOR VIEW
- VANISHING PULMONARY TUMOUR IS USED FOR INTERLOBAR EFFUSION



OTHER FINDINGS

- TUBERCULOUS EFFUSION-STAW COLOURED EFFUSION
- MALIGNANCY AND INFARCTION-HAEMORRAGIC
- LYMPHATIC OBSTRUCTION(FILARIASIS AND LYMPHOMAS)-MILKY
- EMPYEMA-PURULENT FLUID

FLUID MAYBE TRANSUDATE OR EXUDATE
LIGHT CRITERIA TO IDENTIFY EXUDATES

- PF/SERUM PROTEIN > 0.5
- PF LDH > 200 units/L
- PF/SERUM LDH > 0.6

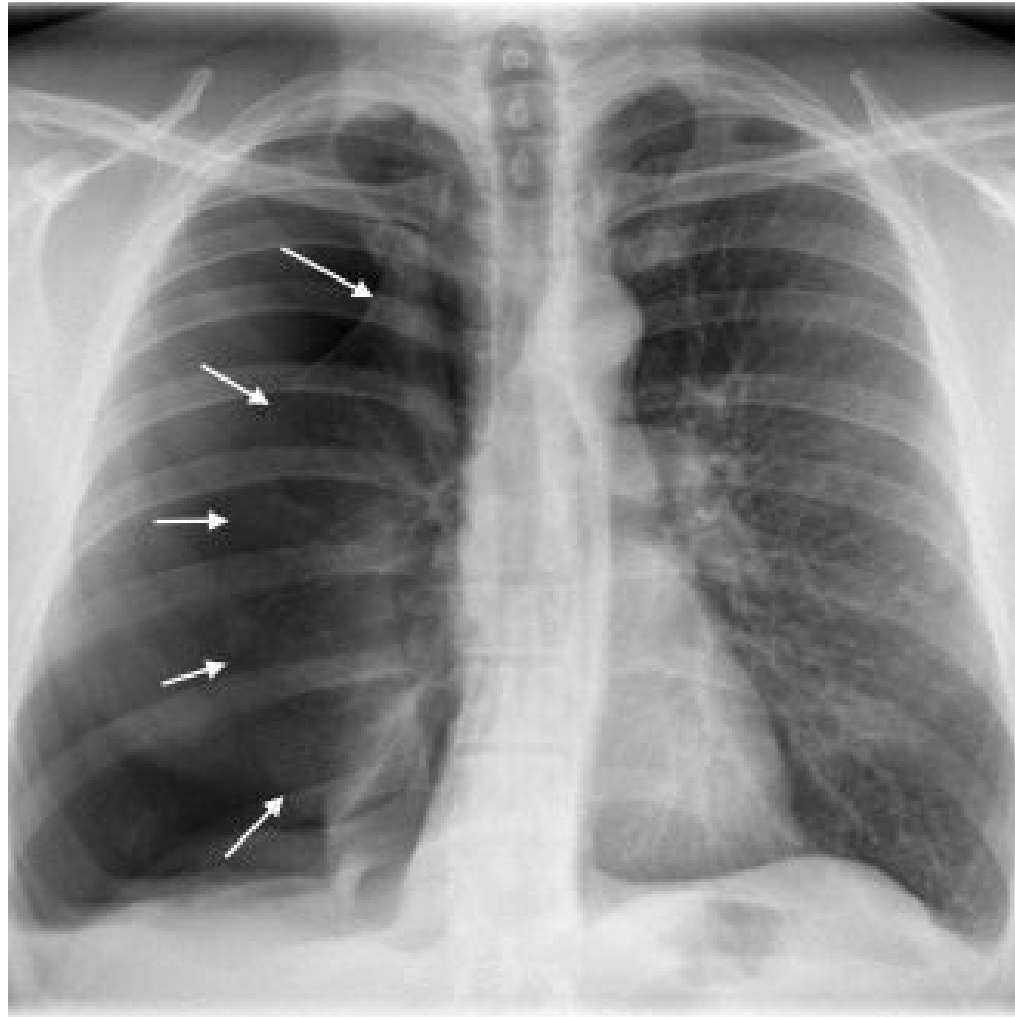
CLINICAL SIGNS OF PNEUMOTHORAX

- DYSPNOEA
- UNILATERAL PLEURITIC PAIN
- SHORTNESS OF BREATH
- UNPRODUCTIVE COUGH
- IN TENSION PNEUMOTHORAX- RESPIRATORY DIFFICULTY AND CYANOSIS PRESENT
- AFFECTED SIDE PROMINENT AND DO NOT MOVE WITH RESPIRATION

- MIDLINE STRUCTURES SHIFTED TO OPPOSITE SIDE
- PERCUSSION NOT HYPERREESSONANT
- BREATH SOUNDS ABSENT
- AMPHORIC BREATH SOUNDS HEARD IN BRONCHOPLEURAL FISTULA
- SPECIAL PERCUSSION PHENOMENON – COIN SOUND
- AUSCULTATION – METALLIC NOTE AT THE BACK OF CHEST
- ADVENTITIOUS SOUNDS LIKE CLICKING SOUNDS IN LEFT SIDED PNEUMOTHORAX

RADIOLOGICAL FEATURES

- AFFECTED SIDE HYPERTRANSLUCENT
- ABSENCE OF NORMAL LUNG MARGINS
- OUTER MARGINS OF THE COLLAPSED LUNG SEEN AS SHARP MARGIN AGAINST BACKGROUND OF AIR
- TRACHEA AND MEDIASTINUM SHIFTED TO OPPOSITE SIDE



HYDROPNEUMOTHORAX

- SHIFTING DULLNESS POSITIVE
- RADIOGRAPH SHOWS UPPER LEVELS OF FLUID WITH FINDINGS OF PNEUMOTHORAX ABOVE IT

SIGNS

- EXPANSION OF THORAX ON INSPIRATION ON AFFECTED SIDE
- VOCAL FREMITUS IS INCREASED ON AFFECTED SIDE
- PERCUSSION DULL IN AFFECTED SIDE
- BREATH SOUNDS ARE BRONCHIAL
- POSSIBLE MEDIUM ,LATE,OR PAN INSPIRATORY CRACKLES
- VOCAL RESONANCE INCREASED
- PLEURAL RUB MAY BE PRESENT

RADIOLOGY

AN AREA OF WHITE LUNG IS SEEN AS CONSOLIDATED
TISSUE IS MORE RADIOOPAQUE

