

Case Report

Pulmonary edema ex vacuo or unilateral shock lung: a case report

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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 dyspnoea, tachypnea, and hypoxemia. The final diagnosis made after a clinical examination and chest X-ray showed a complete collapse of the right lung due to spontaneous pneumothorax [1-3] (Figure 1).

The chest drainage was carried out, because of pneumothorax. About 30 minutes after pleural drainages tube placement, the patient started with thoracic pain and severe cough and was kept with Hypoxemia. 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).

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

More Information

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

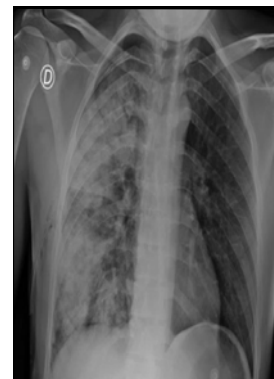
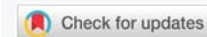


Figure 2: The chest drainage was carried out, because of pneumothorax.



Figure 1: The final diagnosis maded after a clinical examination and chest X-ray.



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



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 in the majority of patients.

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