

CASE PRESENTATION MASSIVE PLEURAL EFFUSION

PRESENTER

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Pre-intern

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Case

- ED 34 year old male with no known chronic illness, a re-admission previously managed for pneumonia with a parapneumonic effusion about 3 weeks ago presented with a one weeks history of difficulty in breathing, left sided chest pain sharp in nature and worse on coughing, and a productive cough associated with drenching night sweats, on and off high grade fevers and significant weight loss.

ON EXAMINATION

	A young male sitted in bed, was in obvious respiratory distress, restless and sweating profusely	
AIRWAY	Patent Patient was able to talk	Mantained
BREATHING	Tachypneic with a respiratory rate of 48 breaths per minute, no distended neck veins. SPO2 85 percent in room air, Asymmetrical	Put on oxygen Chest tube inserted Thorcocentesis done, drained 2 Litres of plueral fluid that was bloody

CIRCULATION	Had warm peripherals, tachycardic with a HR-136beats/min, blood pressure-110/82 mmHg. No pallor, capillary refill less than 3 seconds. Dehydrated with dry mucous membranes	Large bore cannula inserted Iv fluids, 500mls of normal saline 8 hourly for 24 hours
Disability	Alert with a GCS of 15/5 (E=4, V=5, M=6) Pupils equal in size and reactive to light neck soft Kernig's negative RBS-8.3mmol/l patient was anxious and restless	PO morphine 10mg

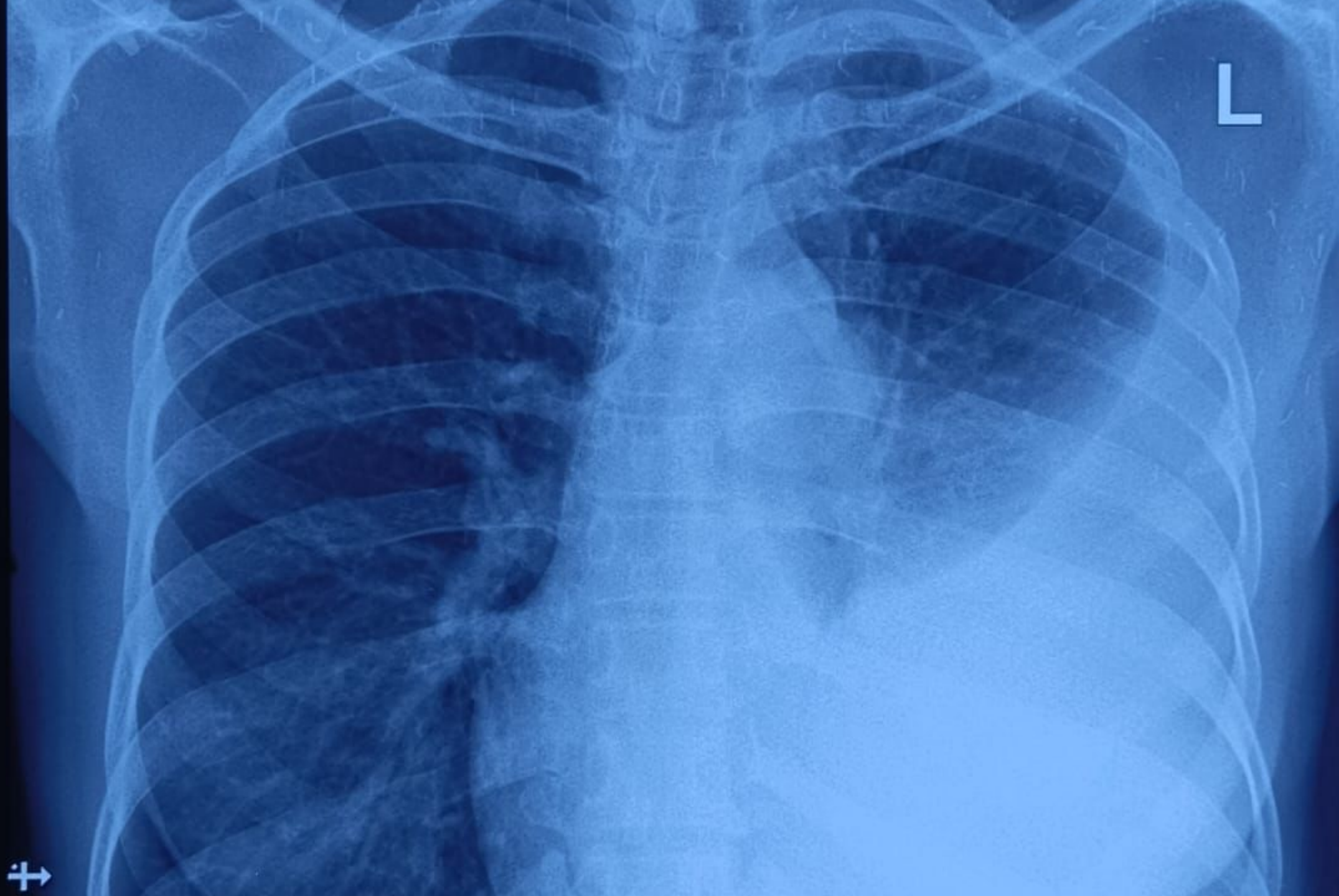
EXPOSURE	Abdomen mildly distended, symmetrical , moved with respiration. Tender epigastrium. No organomegally There was shifting dullness	Ordered for abdominal ultra sound scan
Past medical history	Sero-negative, no hx of any chronic illness, noHx of drug or food allergies	
Past surgical history	No hx of surgery, No hx of blood transfusion	Social history Smoker for over five years, takes alcohol ocasionaly

DIFFERENTIALS

1. Pulmonary tuberculosis
2. Malignant pleural effusion
3. Pneumonia

FOLLOW UP

- CBC done: Leucocytosis of 58.78(neutrophilia 42.82) , Hb-7.8g/dl (MCV-66.5) Thrombocytosis of 1288
- Gene x-pert was negative
- A chest X-ray showed a left sided pleural effusion
- Abdominal ultra sound scan showed enlarged para-aortic lymphnodes and ascites
- IV ceftriaxone 2g od for 3 days
- Tabs Azithromycine 10mg od for 5 days
- PO morphine 10mg 8 hourly for one day
- IV paracetamol 1g 8 hourly for one day
- Do pleural fluid analysis, RFTs, LFTs,
- Pulmonologist Review



THANK YOU