

REEXPANSION PULMONARY OEDEMA

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A 57-year-old African American female with past medical history of ovarian tumor, ascites and right sided pleural effusion (meigs syndrome) .Patient underwent elective surgery and got total abdominal hysterectomy and bilateral salpingo oophorectomy, during surgery right sided thoracentesis was done and about 4.5 litres of pleural fluid drained and chest tube was placed .Immediately postoperatively she became tachpneic, tachycardic and hypotensive with failed extubation trial. Chest auscultation revealed extensive right-sided chest crackles.

Chest X ray was done and showed a decreased right sided pleural effusion, albeit with features of pulmonary edema. The patient's condition improved after continuation of mechanical ventilation and diuretics. The chest tube was removed after one week. At follow-up 4 weeks later, the patient was asymptomatic and well.

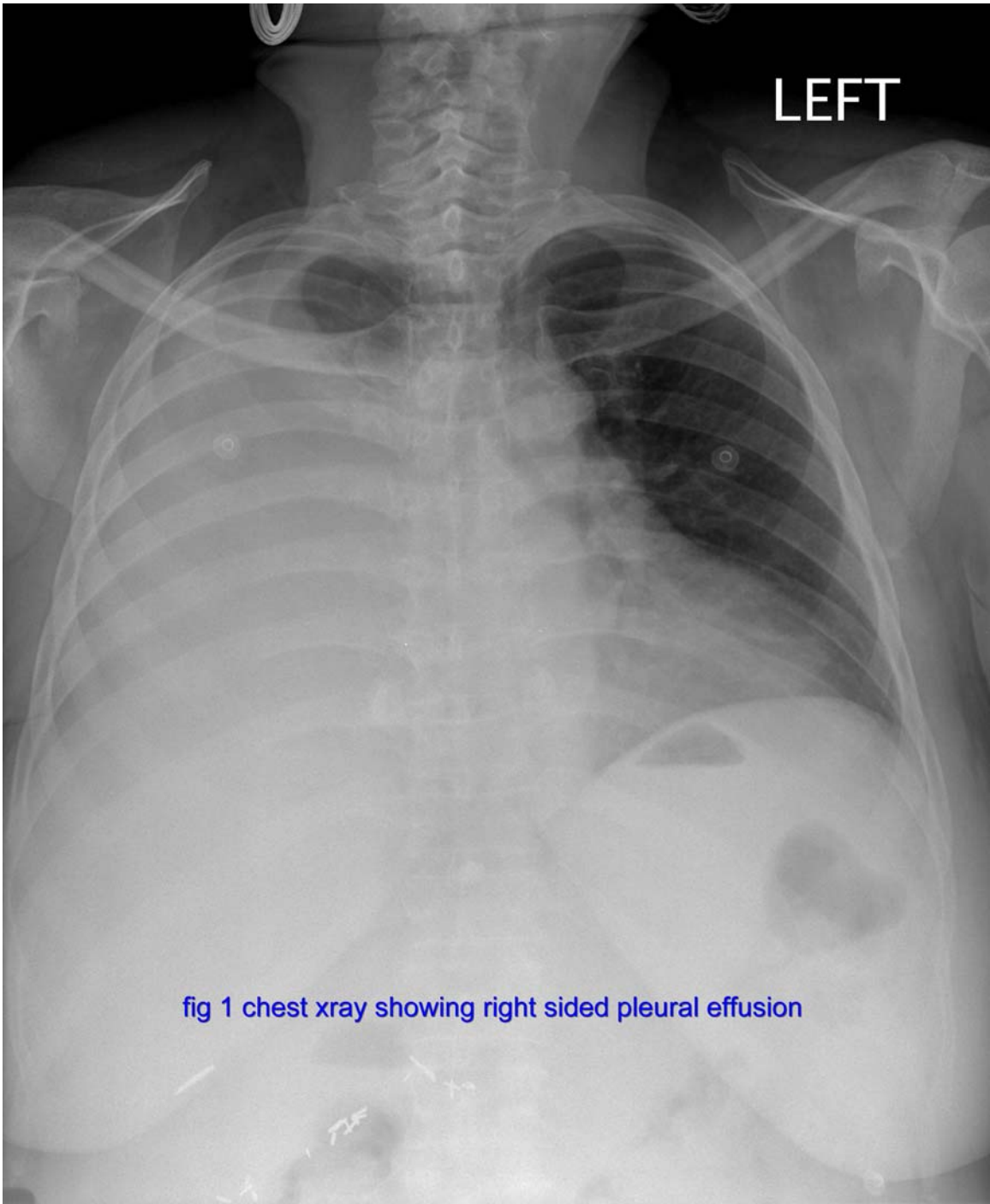


fig 1 chest xray showing right sided pleural effusion

