

IMAGES IN EMERGENCY MEDICINE

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DIAGNOSIS:

Reexpansion pulmonary edema. The chest radiograph in Figure 3 shows reexpansion pulmonary edema, an uncommon complication of pneumothorax or pleural effusion treatment. The risk of reexpansion pulmonary edema is thought to be highest after rapid reexpansion of a lung that has been collapsed for more than 3 days.^{1,2} Symptoms include mild to severe respiratory distress that typically begins within 5 hours after lung reexpansion.³ Treatment is supportive, with some patients requiring intubation or noninvasive positive airway pressure.⁴ Strategies to decrease the risk of reexpansion pulmonary edema include intermittent evacuation of a limited volume of air or fluid from the pleural space and the avoidance of continuous negative-pressure suction.^{1,2}

The patient's pulmonary edema resolved during the following 8 days. Pleural fluid analysis led to the diagnosis of non-Hodgkin's lymphoma. The patient's fever was later attributed to pyelonephritis.

REFERENCES

1. Mahfood S, Hix WR, Aaron BL, et al. Reexpansion pulmonary edema. *Ann Thorac Surg.* 1988;45:340-345.
2. Matsuura Y, Nomimura T, Murakami H, et al. Clinical analysis of reexpansion pulmonary edema. *Chest.* 1991;100:1562-1566.
3. Beng ST, Mahadevan M. An uncommon life-threatening complication after chest tube drainage of pneumothorax in the ED. *Am J Emerg Med.* 2004;22:615-619.
4. Volpicelli G, Fogliati C, Radeschi G, et al. A case of unilateral re-expansion pulmonary oedema successfully treated with non-invasive continuous positive airway pressure. *Eur J Emerg Med.* 2004;11:291-294.

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