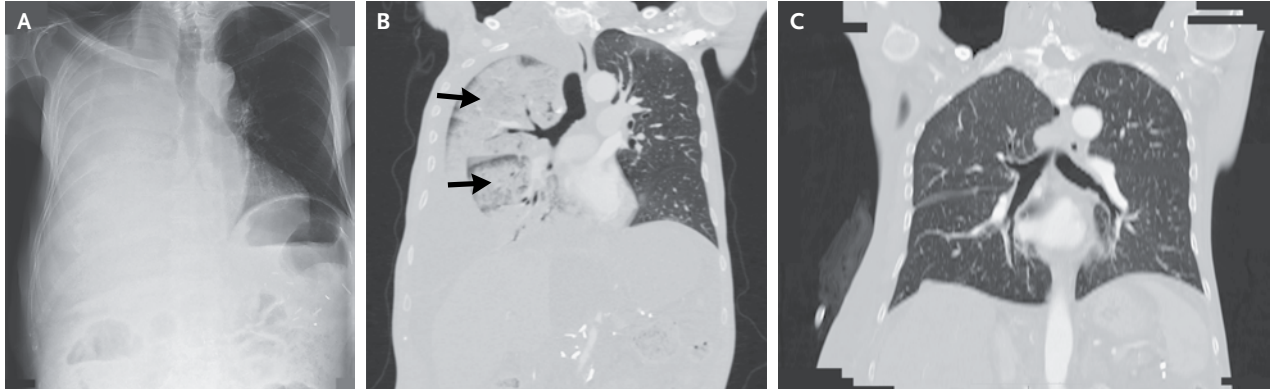


## IMAGES IN CLINICAL MEDICINE

Lindsey R. Baden, M.D., *Editor*Reexpansion Pulmonary Edema  
after Thoracentesis

**A** 67-YEAR-OLD-MAN WITH ADVANCED ALCOHOLIC CIRRHOSIS PRESENTED with progressive dyspnea. Chest radiography showed findings suggestive of a large right pleural effusion (Panel A). Since hepatic hydrothorax was suspected, thoracentesis was performed, resulting in the aspiration of 1500 ml of transudative fluid. Four hours later, the patient started coughing and had tachypnea and tachycardia, with right lung crackles heard on physical examination. The oxygen saturation was 82% while he was breathing ambient air. Computed tomography (CT) of the chest showed diffuse areas of consolidation and ground-glass opacity in the right lung (Panel B, arrows), suggestive of reexpansion pulmonary edema. After the patient received diuretics and high-flow oxygen through a reservoir mask, there was progressive improvement in his condition. After 4 days, a complete resolution of radiologic findings was seen on CT (Panel C). Reexpansion pulmonary edema can be a complication of thoracentesis. Treatment is largely supportive. Risk factors for this condition include a young age, a long duration of lung collapse, and rapid reexpansion.

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