

A spontaneous massive pleural effusion

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Abstract:

A 62-year-old male presented with a progressing 3-week history of respiratory distress, tachypnoea, right-sided chest stony dullness, and mediastinal shift to the left. He had no clinical, laboratory, or radiological evidence of pulmonary tuberculosis or malignancy and could not remember any history of chest trauma. Chest X-ray revealed massive right-side pleural effusion. A computerised tomography (CT) scan showed six consecutive rib (ribs 5–10) fractures with no callus formation. Chest tube insertion drained 4.7 L of strawcoloured effusion that did not recur subsequently. We suspect that multiple rib fractures irritated the pleura, resulting in a massive pleural effusion. A review of the literature indicates this to be a rare finding