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EDİTÖRE MEKTUP / LETTER TO THE EDITOR

Loculated transudate

Loküle transüde

Uğur Gönlügür[1], Tanseli Gönlügür[2], Şule Özer[1]

[1] Canakkale 18 Mart University, School of Medicine, Canakkale, Turkey
[2] Canakkale State Hospital, Department of Chest Diseases, Canakkale, Turkey

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To the Editor,

The association between heart failure and phantom tumor has been well known for years. Because drainage mechanism exists in parietal pleura, phantom tumors generally localize between fissures. Loculated transudate in peripheral lung areas is extremely rare[1,2]. We present an interesting case of encapsulated transudative pleural effusion associated with pneumonia.

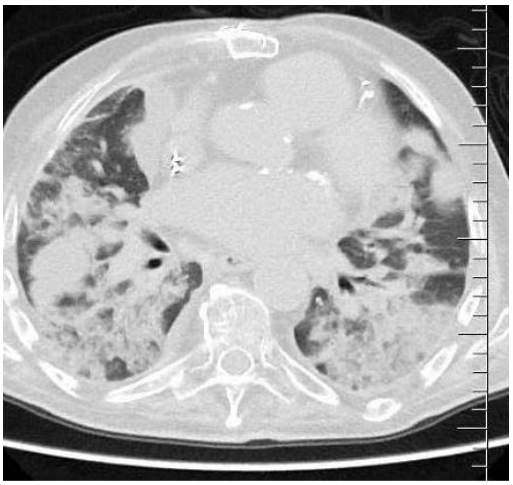

Figure 1: Chest CT-scan showing bilateral parenchymal infiltrations without pleural effusionin lower zones.

A 79-year-old man presented with a productive cough and dyspnea of one week in duration. He had diabetes mellitus for 20 years. There was left ventricular diastolic dysfunction and ejection fraction 40 per cent.

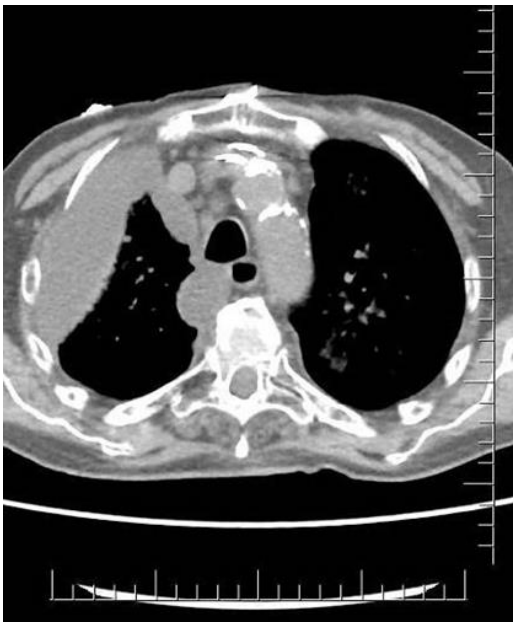

Figure 2: Chest CT-scan demonstrating loculated pleural effusion in right upper zone

He received implantable cardioverter defibrillator in 2018 for ventricular arrhythmia. Computed tomography (CT) of the chest showed bilateral pulmonary infiltrations. He was diagnosed with pneumonia and treated with ampicillin/sulbactam (4x1 gram). Chest CT demonstrated a loculated pleural effusion at the apical region of the right upper

Yazışma Adresi/Address for Correspondence: Dr. Uğur Gönlügür, Canakkale 18 Mart University, School of Medicine, Department of Chest Diseases, Canakkale, E-mail: gonlugur@gmail.com
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lobe (Figure 1). Pleural fluid LDH was 97 U/L, protein 1.7 g/dL, albumin 1.2 g/dL, and glucose 135 mg/dL whereas LDH was 411 U/L, protein 6.3 g/dL, albumin 3.2 g/dL, and glucose 118 mg/dL in simultaneous blood sample. He lost consciousness suddenly at the third day of hospitalization. At this point, no pulse was present and the monitor displayed ventricular fibrillation. Chest compressions were started and regular sinus rhythm was restored after one biphasic external defibrillation at a dose of 200 Joules.

The pleural fissures, formed by a double layer of visceral pleura, represent extensions of the pleural space between lobes of the lungs. Localized transudative effusion between fissures, known as phantom tumor or vanishing tumor, can be seen during fluid overload [1]. Because most pleural fluid drainage occurs through parietal pleural lymphatics [3], effusions tend to localize in visceral site rather than parietal pleura. We found only two reports of loculated transudates in peripheral lung regions [1,2]. Encapsulated transudative effusion was affected right upper region in one paper [1] and in our patient. The predilection of this area may be due to higher negativity in the intrapleural pressure [4] or pleural adhesions caused by repeated thoracentesis[1]. In conclusion, loculated transudate strongly suggests an unstable cardiac event, and it can present with atypical localization.

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