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EDITOR'S QUIZ: GI SNAPSHOT

An acute left-sided hydrothorax

Robert Spiller, *editor*

Clinical presentation

A 78-year-old man presented to the emergency department with progressive shortness of breath of 3 days duration. He had a history of ischaemic stroke with minor neurological sequelae of swallowing and speech dysfunction. About 1 h before admission to the emergency department, he coughed suddenly and severely owing to suspected food aspiration.

On arrival at the emergency department, he was in respiratory distress with some confusion. On examination, his head and neck were grossly normal and there was no palpable subcutaneous emphysema. The abdomen was soft and flat

without rebound tenderness. Chest x ray showed left-sided massive pleural effusion (fig 1). Emergency tube thoracotomy drained 1600 ml serosanguinous fluid of an exudative nature. Chest CT was arranged to further identify the cause of pleural effusion, which showed left-sided pleural effusion, pneumomediastinum and pneumopericardium (fig 2, arrows).

Question

According to the image findings on chest radiograph and CT, what is the possible cause of left-sided pleural effusion?

See page 698 for answer

Figure 1 Chest radiograph showing left-sided pleural effusion.

Figure 2 CT scan showing a pneumopericardium (arrows).

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