

# Pleuritis

**Pleuritis**, also known as **pleurisy**, is an inflammatory disease of the pleura that often accompanies other pathological processes of the pleura, adjacent lung tissue, mediastinum or chest wall. It is most often a **serous inflammation** of the pleura.

Depending on the content of the pleural cavity, we distinguish:

- **dry pleurisy**, *pleuritis sicca* – absence of fluid in the pleural cavity,
- **wet pleurisy**, *pleuritis humida* – fluid is present in the pleural cavity and fluidothorax can form. The fluid either contains proteins (exudate) or is a plasma ultrafiltrate (transudate).

## Clinical picture

### Dry pleurisy

- Chest pain, restriction of respiratory movements, irritating cough, fever,
- While **listening** – friction murmur.

### Wet pleurisy

- Fluid accumulates between the pleural leaves,
- The pain shoots out into the shoulder, shortness of breath, cough, fever,
- **Physical examination** – shortening of the percussion, listening is impaired, reduction of rhythm and bronchophony,
- **X-ray** – shading above the diaphragm, disappearance of the angle above the diaphragm - to confirm it, it is necessary to take a picture on the side.

## Diagnosis

If we find fluid in the pleural cavity, it is necessary to search for its origin. We perform a pleural puncture, which also reduces the patient's shortness of breath and discomfort.

We will examine the fluid:

- bacteriologically,
- biochemically,
- cytologically.

It is also necessary to distinguish between transudate and exudate:

- **transudate** – is common in heart defects and in heart failure, cirrhosis, during nephrotic syndrome, peritoneal dialysis, collagenoses, pulmonary embolism...
- **exudate** – inflammation, tumors, tuberculosis, hemothorax, esophageal perforation, pancreatitis....

## Puncture

The puncture is performed in the 7th intercostal space in the posterior axillary line (level with the tip of the scapula when the arm is raised).

1. after pharmacological sedation, LA and saturation monitoring,
2. we guide the needle to the upper edge of the rib,
3. after completion it is necessary to put a compression bandage.

Possible **complications** include – pneumothorax, hemothorax.

## Therapy

- Is dependent on the cause,
- Puncture or drainage,
- In ATB empyema <sup>[1]</sup>.

## References

### Related articles

- Diseases of the pleura

- Fluidothorax
- Interpleural fluid drainage (pediatrics)
- Pleural puncture (pediatrics)

## Sources

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## References

1. HRODEK, Otto – VAVŘINEC, Jan, et al. *Pediatric*. 1. edition. Praha : Galén, 2002. pp. 227. ISBN 80-7262-178-5.

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