

Pleurisy

Pleuritis is an inflammatory disease of the pleura, which often accompanies other pathological processes of the pleura, adjacent lung tissue, organs of the mediastinum or the chest wall. Most often, it has the nature of "serous inflammation". The worst form of pleuritis in terms of prognosis is empyema. According to the content of the pleural cavity, we distinguish:

- **dry**, *pleuritis sicca* - without the presence of fluid in the pleural cavity,
- **moist**, *pleuritis humida* - fluid is present in the pleural cavity, fluidothorax is formed, the fluid either contains proteins (exudate) or is only an ultrafiltrate of plasma (transudate).

Clinical picture

Dry pleurisy

- Chest pain, restriction of breathing movements, irritating cough, temperature,
- **audibly** - rubbing rustling.

Moist pleuritis

- Fluid accumulates between the sheets of the pleura,
- The pain originates from irritation of the parietal pleura, it can spread to the shoulder, abdomen or neck, especially when breathing, coughing, sneezing
- Faster and shallower breathing
- Shortness of breath, dry cough

File:Fluidothorax.png
Fluidothorax

Diagnostics

- **Physical examination'** - dulled percussion, weakened alveolar respiration, reduction of fremit and bronchophonia,
- **RTG** - shadowing above the diaphragm, disappearance of the angle above the diaphragm - a lateral image must also be taken to confirm.
- **ultrasonography** of the chest

If we detect fluid in the pleural cavity, it is necessary to search for its origin. We will perform pleural puncture, thereby reducing the patient's shortness of breath and discomfort.

We will examine the liquid:

- bacteriologically,
- biochemically,
- cytologically.

We must distinguish between transudate and exudate:

- **transudate** - mostly bilateral, protein-poor

- occurs in heart defects in heart failure, cirrhosis, nephrotic syndrome, peritoneal dialysis, collagenoses, pulmonary embolism

- **exudate** - mostly unilateral, rich in proteins

- inflammations, tumors, tuberculosis, hemothorax, perforation of the esophagus, pancreatitis

Performing a puncture

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

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

Complications - pneumothorax, hemothorax.

Therapy

- Depends on the cause,

- puncture or drainage,
- with ATB empyema^[1].

Links

Related Articles

- Diseases of the pleura
- Fluidothorax
- Interpleural fluid drainage (pediatrics)
- Pleural puncture (pediatrics)

Source

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Reference

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

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