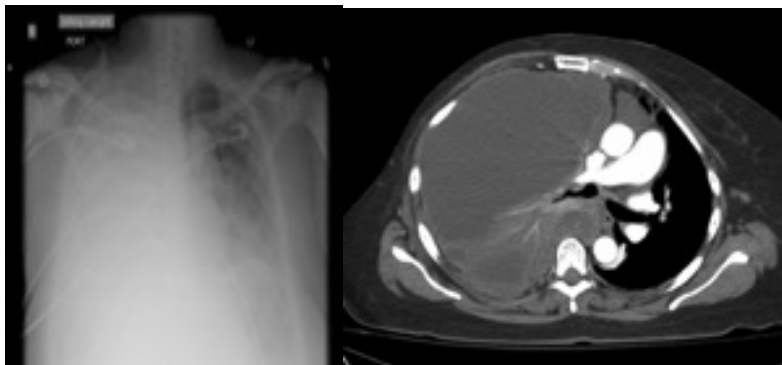




Clinical case 12: Malignant pleural effusion with opacification of the right hemithorax

LL is a 43 woman with a history of breast cancer metastatic to the lungs who presents with shortness of breath and right sided pleuritic chest pain. She underwent a right sided mastectomy and chemotherapy 3 years earlier. She lives abroad, but is visiting her son in the United States. In her country of origin, several thoracenteses were performed, but results of the pleural fluid analysis are not available. The family reports a rapidly declining functional status and increasing dyspnea. On Physical examination her vital signs are normal. She is Spanish-speaking and, appears older than her stated age. She has mild bi-temporal wasting, decreased right-sided breath sounds, with dullness to percussion over entire right lung field, and a normal cardiac exam. Her chest wall demonstrates evidence of right breast mastectomy, the abdomen is benign, and there is no extremity edema. The chest radiograph shows near complete opacification of the right hemi-thorax. A chest CT shows a massive right pleural effusion filling the right hemi-thorax, with leftward mediastinal shift and a rim of soft tissue thickening in the pleura. A diagnostic and therapeutic thoracentesis reveals an exudative effusion. Cytology demonstrates malignant cells consistent with primary breast cancer. The patient wants her dyspnea treated and wishes to return to her home country as soon as possible.



After addressing items of the four boxes, please consider the following:

1. Describe the clinical relevance of malignant pleural effusion
2. Describe the role of bronchoscopy in patients with malignant pleural effusions.
3. Describe an appropriate choice of palliative treatments available for a patient with malignant pleural effusion.