

EXUDATIVE PLEURITIS AS THE FIRST SYMPTOM OF PULMONARY EMBOLISM: A CASE REPORT

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A 53-year old female patient, taking oral contraceptive agents, previously healthy was admitted to the hospital for mild amount of exudates in the left pleural cavity seen on chest X-ray and fever relapsing for about 1 month. The patient was treated in the outpatient clinic with three antibiotics (ciprofloxacin, cefuroxime axetil, and azithromycin) that produced transient improvement. At admission, the patient was in relatively severe general health, weak, with intensive pain of the right costal arch, aggravated by breathing and pressure, without signs of dyspnea. Physical examination revealed tachycardia (130 beats per minute), tachypnea (20 respirations per minute), dull percussion sound, soft respiratory murmur at the base of the right lung, and pleural rub. Laboratory examinations showed the features of inflammatory process. Test for d-dimers was positive. Arterial blood gasometry revealed hypoxemia. Echocardiogram was normal. During differential diagnosis, classic chest CT was performed, and thrombi in bilateral pulmonary arteries were seen. Thrombolytic therapy produced rapid clinical improvement, subsidence of the symptoms, and absorption of the exudates in pleural cavity. Oral contraceptives were considered a risk factor for pulmonary embolism (PE) in this patient. Pulmonary embolism is an important health problem. It is estimated that mortality in untreated PE is between 10% and 30%. Due to PE unspecific clinical signs and symptoms and its coincidence with other ailments, it is often misdiagnosed and untreated. Exudative pleuritis is infrequent first symptom of PE. Therefore, we think that this case is worth presenting.