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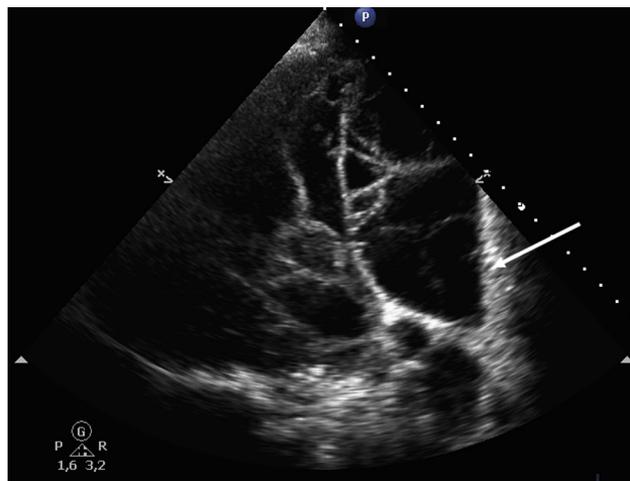
<https://doi.org/10.1016/j.annemergmed.2018.06.044>

Figure 1. Thoracic ultrasonography showing multiloculated effusions with septations above the diaphragm (arrow).

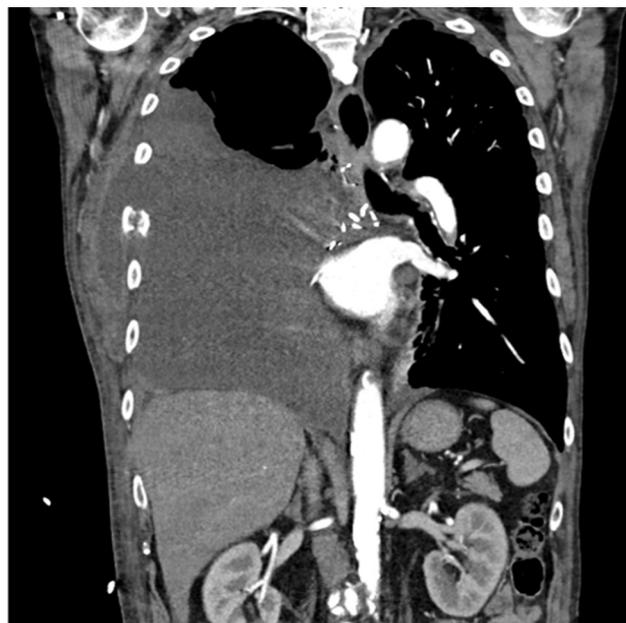


Figure 2. Coronal chest CT.

[Ann Emerg Med. 2019;73:e3-e4.]

A 68-year-old man was admitted to the emergency department for acute respiratory distress 3 weeks after right-sided total pneumonectomy for a bronchial adenocarcinoma. On the patient's arrival, his temperature was 38.0°C (100.4°F), with a respiratory rate of 33 breaths/min and oxygen levels of 90% on 4 L. Pulmonary auscultation identified no breath sounds on the right side of the thorax. Bedside thoracic ultrasonography of the right lung demonstrated a multiloculated structure heaving with respiratory motions (Figure 1), which was not showed by computed tomography (CT) (Figure 2).

*For the diagnosis and teaching points, see page e4.
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IMAGES IN EMERGENCY MEDICINE

*(continued from p. e3)***DIAGNOSIS:**

Pleurisy. The chest CT showed a homogeneous intermediate-density pleural effusion without loculations. Despite attempted drainage by chest tube, aggressive antibiotics therapy, and noninvasive ventilation, the patient deteriorated. Five days later, surgeons performed a thoracostomy for drainage and decortication; they confirmed fibrin deposition on the septations.

Ultrasonography is useful in the visualization of pleural effusions with loculations¹ because chest CT may not show the latter.²

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