

What are the pleura

Two layers of tissue surrounding lungs	<ul style="list-style-type: none"> • Visceral pleura – attached to lung. • Parietal pleura – attached to chest wall
between layers	Pleural space/cavity
Pleural lined by	mesothelial cells
Secrete	small amount pleural fluid for lubrication

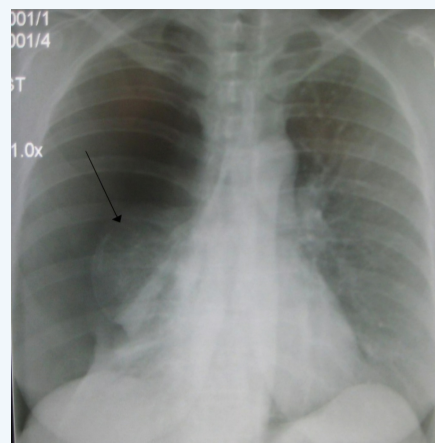
Pneumothorax

Defenition	Air in pleural space
Two types to know about	<ul style="list-style-type: none"> • Spontaneous • Tension

Spontaneous PTX

Primary	<ul style="list-style-type: none"> • Rupture of subpleural bleb • Common in tall, thin young males
Secondary	<ul style="list-style-type: none"> • Older patients with underlying pulmonary disease • COPD
Manife-station	<ul style="list-style-type: none"> ◊ sudden onset dyspnea ◊ Sometimes pleuritic chest pain(when you take a deep breath)
Diagnosis	CXR

Pneumothorax



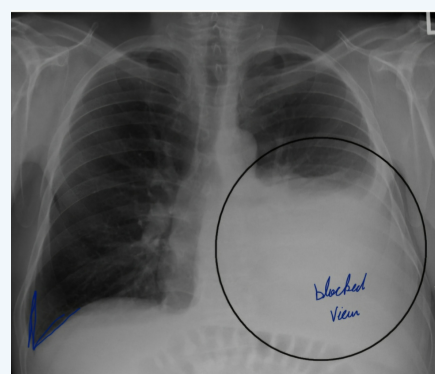
Pneumothorax treatment

100% oxygen	<ul style="list-style-type: none"> ◊ Displaces nitrogen from capillary blood ◊ ↑ gradient for nitrogen reabsorption from pleural space
Chest tube	Larger pneumothoraces (>15% lung volume)

Tension PTX

Usually from trauma	
Air enters pleural space but cannot leave	
Medical emergency	
Emergent thoracentesis/chest tube placement	
Trachea deviates AWAY from affected side	

Pleural effusion



Accumulation of fluid in pleural effusion

Etiologies of pleural effusion

Transudative
Exudative
Lymphatic

Transudative effusion

Defenition	Something driving fluid into pleural space
Most common cause	CHF (high pressure)
Other causes	<ul style="list-style-type: none"> • Nephrotic syndrome (low protein) • Cirrhosis (low albumin)
Treatment	Underlying cause (no diatriange)

Exudative effusion

Defenition	Fluid leaking into pleural space
	• High vascular permeability
Many causes	<ul style="list-style-type: none"> ◊ malignancy ◊ pneumonia ◊ More protein in pleural fluid vs. transudative
Treatment	Usually requires drainage

Transudate vs. Exudate

Thorac-entesis	to obtain fluid sample
Test for	protein, LDH
Light's Criteria – Exudate if:	<ul style="list-style-type: none"> • Pleural protein/serum protein greater than 0.5 • Pleural LDH/serum LDH greater than 0.6 • Pleural LDH greater than 2/3 upper limits normal LDH

Lymphatic Effusions "Chylothorax"

- Lymphatic fluid effusion
- From thoracic duct obstruction/injury
- Malignancy most common cause
- Trauma (usually surgical)
- Milky-appearing fluid
- Very high triglycerides
- ◊TG usually > 110 mg/dL

Other Effusions

Hemothorax	High Hct in fluid
Empyema	Infected pleural fluid Pus, putrid odor, positive culture
Malignant effusion	Positive cytology

Mesothelioma

Defenition	Pleural tumor
only known risk factor	Asbestos --->Decades after exposure
Imaging	Pleural thickening and pleural effusion
Slow onset symptoms	dyspnea, cough, chest pain
Poor prognosis	<ul style="list-style-type: none"> • Median survival 4 to 13 months untreated • 6 to 18 months treated with chemo

Asbestos For those who work in shipyards



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