

Pleural effusion as a first manifestation of breast cancer

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A 87-year-old woman was admitted to our hospital with a history of increased dyspnoe. On physical examination the patient was distressed with an elevated respiratory rate of 28 breaths / min. Chest X-ray demonstrated an extensive left pleural effusion (A). Her arterial blood gas showed a paO_2 of 7,11 kPa and a $paCO_2$ of 4,81 kPa. Further laboratory investigations showed no other abnormalities. Pleural aspiration showed an exsudate with elevated LDH of 163 U/L (0-100 U/L). The diagnostic thoracoscopy confirmed the diagnosis of a malignant effusion and metastases on the pleura visceralis and parietalis (C) and a pleurodesis was performed after obtaining multiple biopsies. Immunohistochemical staining revealed a metastatic carcinoma of the breast to the pleura with estrogen receptor positivity in the islands of tumor cells (D). Six weeks later a follow up chest X-ray demonstrated the successful procedure of pleurodesis with talcum (B).

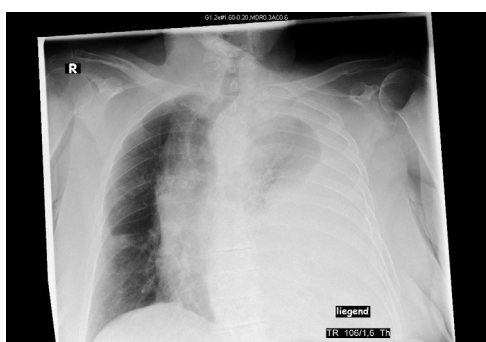


Figure 1. Massive effusion of the left lung with shift of the trachea to the right side

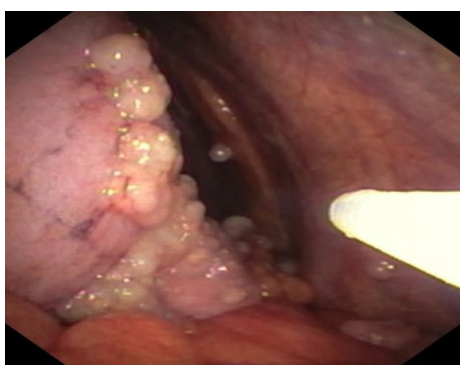


Figure 2. Metastases on the visceral and parietal tissue

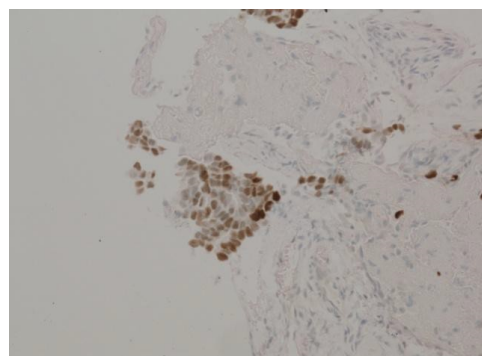


Figure 3. Estrogen receptor positivity in the islands

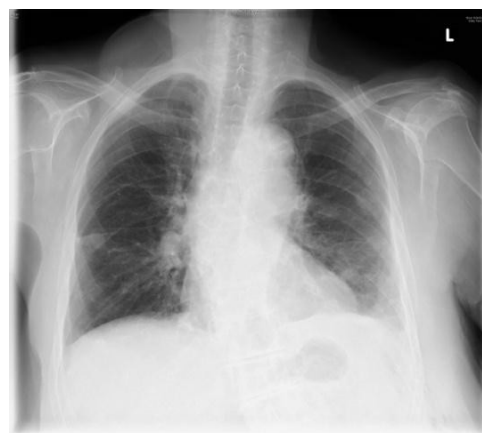


Figure 4. Six weeks later after pleurodesis

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