

## *Images in Congenital Heart Disease*

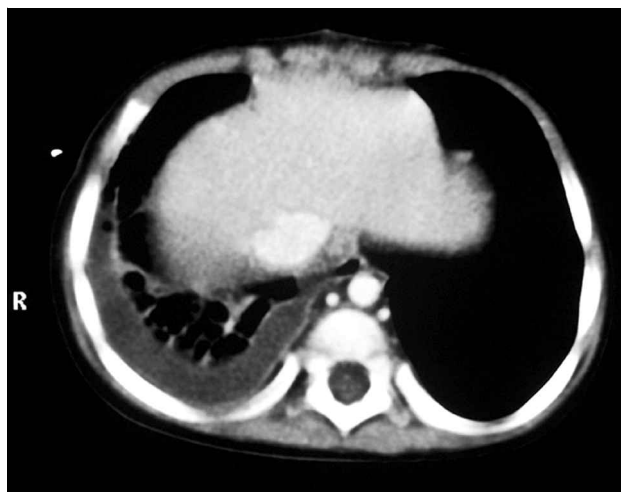
### **Loculated post-operative pleural effusion**

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**A** 21-MONTH-OLD MALE INFANT, BORN WITH tricuspid atresia, severe infundibular stenosis, a persistent left superior caval vein, and concordant ventriculoarterial connections, underwent an uneventful left-sided superior cavopulmonary shunt. During surgery, the right pleural space was not entered. After operation, the child did well, and was discharged home on the 7th post-operative day. Chest radiography at the time of discharge revealed no abnormalities. Four days after discharge, at a follow-up appointment, although the child was afebrile, decreased breath sounds were noted on clinical examination. A chest radiograph taken at this time demonstrated a large right pleural effusion. A chest tube was placed and, despite its

good position as confirmed radiographically, there was no drainage at any time. On the following day, computerised tomography of the chest demonstrated a large right loculated hydropneumothorax and pleural thickening (Fig. 1). Exploration of the right chest using video-assisted thoracic surgery revealed numerous loculations created by strands of fibrin extending between the pleura and chest wall. In addition, there was a thick fibrin exudates on the pleural surface of the lung (Fig. 2). Under thoracoscopic guidance, the loculations were lysed and the lung re-expanded. This case is illustrative, first, of why chest drains are inadequate in the treatment of loculated pleural effusions and, second, the utility of video-assisted drainage.



**Figure 1.**



**Figure 2.**

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