Clinical Image

Chest Wall Seroma Following Surgery for Malignant Pleural Effusion

Seroma en la pared torácica tras cirugía por derrame pleural maligno

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A 73-year-old lady diagnosed with right-sided malignant pleural effusion (MPE) secondary to breast cancer underwent video-assisted thoracoscopy surgery (VATS) for pleurodesis. Unfortunately, pleurodesis was unsuccessful and the patient experienced recurrence of the symptomatic effusion. A computed tomography (CT) scan done four weeks after the surgery revealed the development of a subcutaneous pocket of fluid (Fig. 1A), presumably at the site of one of the surgery ports. The effusion was not amenable to aspiration due to heavy septations. CT scan done 8 weeks later showed the diminution of the size of the chest wall pocket with increase in the size of the effusion (Fig. 1B) with ongoing breathlessness. Ultrasound examination revealed a new anterior free pleural collection. An indwelling pleural catheter (IPC) was inserted with considerable symptomatic improvement.

The development of a chest wall seroma as a complication of thoracic surgery is very uncommon and is reported in less than 1% of thoracotomies, but it is not a recognized complication of VATS.1 However, this complication was reported following simpler procedures breaching the pleural space such as thoracentesis2 and IPC insertion.3

References


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