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Nutrithorax: an uncommon differential diagnosis of the plankton sign



Nutritórax: un diagnóstico diferencial poco común del signo del plancton

Isabel Canas-Pérez*, David Pérez-Torres, Cristina Cuenca-Rubio

Servicio de Medicina Intensiva, Hospital Universitario Río Hortega, Gerencia Regional de Salud de Castilla y León (SACYL), 47012, Valladolid, Spain

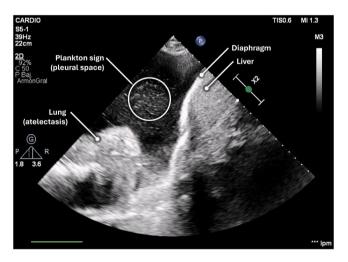


Figure 1

A 77-year-old woman was admitted to the hospital for bowel obstruction. A central line was placed in the right subclavian vein to initiate parenteral nutrition in the setting of a non-operative management strategy. On admission day 4, the patient developed acute respiratory failure, requiring ICU admission. Point-of-care pleural ultrasound revealed a complex, non-septated massive right pleural effusion with swirling, punctiform internal echoes (plankton sign) (Fig. 1, Video 1). A chest

E-mail addresses: icanasp@saludcastillayleon.es (I. Canas-Pérez), dperezt@saludcastillayleon.es (D. Pérez-Torres), ccuencaru@saludcastillayleon.es (C. Cuenca-Rubio).

^{*} Corresponding author.



Figure 2



Figure 3

X-ray prior to drainage insertion confirmed the massive effusion (Fig. 2) and revealed displacement of the tip of the central line, compared to the immediate control after its insertion. A thoracostomy catheter was placed, demonstrating a milky-white output from the pleural space (Fig. 3), with high triglyceride ($2503 \, \text{mg/dL}$), low cholesterol ($20 \, \text{mg/dL}$), and high glucose ($20 \, \text{mg/dL}$) levels, consistent with nutrithorax. Although uncommon, vascular trauma or direct leakage may cause nutrithorax that may be identified with ultrasound.

Statements and declarations

These images have not been previously published.

Conflict of interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

Ethics approval

Informed consent was waived according to local regulations.

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Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:https://doi.org/10.1016/j.medin.2024.04.009.