Massive Hydrothorax Complicating Liver Cirrhosis As a Result of a Diaphragmatic Defect

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Dear Sir

Increasing isolated studies have provided evidence that ascites may form the hydrothorax directly across the diaphragm through a diaphragmatic defect with or without a clinical level of ascites [1–8]. About 11 pathologically confirmed patients with such a hepatic hydrothorax have been reported in the English literature [1, 4–8]. We wish to report one additional case.

A 56-year-old female with a 2-year history of liver cirrhosis and frequent right pleural effusion was admitted on account of intractable shortness of breath. Chest X-ray examination showed marked pleural effusion of the right lung field with a shift of mediastinum to the left. Ascites was not remarkable. Except for the liver cirrhosis, there was no clinical evidence of other underlying diseases. The patient died with a relatively short course of 25 days after hospitalization. At autopsy, an apparent bleb with 1-mm hole in the tendinous portion of the right diaphragm was noted (fig. 1).

It is suggested that the ascitic fluid directly crossed the diaphragmatic defect to the pleural cavity and contributed to the hydrothorax.

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Fig. 1. Photomicrograph of the bleb. Note diaphragmatic defect at bottom of photograph (arrow). HE. L = Lumen of the bleb; W = wall of the bleb.

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