CLINICAL INFORMATION

A 67-YEAR-OLD JANITOR WAS ADMITTED to the Cincinnati Veterans Administration Hospital in September, 1960, with a diagnosis of arteriosclerotic heart disease with congestive failure. There was no history of pleuritis or pneumonia. Physical examination confirmed the impression of congestive failure.

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Diagnosis: Interlobar Effusion (Pseudotumor)

The admission posteroanterior chest film (Fig. 1) revealed cardiomegaly, pulmonary congestion, pleural thickening along the right lower thorax and two overlapping densities in the right lung field. The larger density was hazy and oval-shaped and the smaller was more sharply circumscribed and round. They were thought to lie within the major and minor fissures of the right lung. This was confirmed by the lateral view (Fig. 2).

The patient was treated with digitalis, diuretics, and a low salt diet with improvement in the symptoms and signs of cardiac failure. Chest roentgenogram taken eight days later showed disappearance of the two densities with return of the heart to almost normal size. There was a small fluid residue in the minor fissure (Fig. 3).

Discussion

The diagnosis of interlobar fluid can usually be made on the posteroanterior chest film. Fluid in the major fissure shows a somewhat hazy border and a kidney-shaped outline with the concavity facing medially. The fluid in the minor fissure is more dense, sharp-edged, and fusiform or round, often with tapering medial and lateral margins. The fluid in the minor fissure is seen in profile and thus is more sharply demarcated. The lateral view is confirmatory, the long axis of the fluid conforming to the position of the affected fissure.

Interlobar accumulation of fluid is related to past obliteratorive pleuritis of the general pleural cavity. Often there is no history of the pleuritis, and a congenital obliteration of the parietal pleural space has been considered a factor in some reports. One should not mistake the configuration for pulmonary neoplasm or inflammation.

The most characteristic aspect of vanishing "tumor" is that it disappears as the congestive failure subsides. Interlobar fluid in congestive failure most commonly occurs in the minor fissure. It may recur with each bout of failure.

References