

EFFECTS OF PLEURISY

When dry pleurisy heals, it leaves strands of fibrous tissue (adhesions) strung between the lung and the wall of the chest, tying them together. Sometimes these adhesions are so extensive that they limit the movement of the lungs. But usually the soreness disappears and the adhesions stretch so much that they no longer cause any difficulty.

In wet pleurisy, the fluid builds up in the pleural cavity. There may be enough to restrict the movement of the lungs and therefore the ability to breathe. On the other hand, the increasing fluid may separate the linings so that the movement of the chest wall and the sensitive outer lining is limited - causing no pain to subside.

A large amount of fluid displaces the heart as well as the lung. The lung may remain compressed or displaced and fail to return to its full capacity because of thickening of the pleura after all the fluid has been absorbed.

Fluid that is relatively clear may give little trouble and be readily absorbed in time. But if the fluid becomes infected - as it may do - it turns into pus and may lead to further complications. This condition is called "empyema" and is very serious. Hospitalization may be required to remove the fluid.

HOW IS PLEURISY TREATED?

The inflammation of pleurisy is treated by attacking the infection that may have caused it. A pleurisy caused by some lung disease is treated, first of all, by identifying the underlying disease and giving whatever treatment is available for it.

To limit the pain of pleurisy, limiting the movements of the lungs may be desirable. The health professional may suggest lying on the sore side, in a special way - for example, on a firm surface to limit breathing movement on that side enough to reduce stretching of sore tissues. They may also prescribe medication for the pain itself.

For dry pleurisy, such treatment is generally enough. In wet pleurisy, the health professional may decide to remove the fluid by drawing it out with a needle. Timing of this is important since the fluid may come back if its removed too soon. On the other hand, if not done early enough, dense adhesions may form.

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PLEURISY

What you need to know



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WHAT IS PLEURISY?

Pleurisy is an inflammation of the pleura: a two-ply membrane that both enclose the lung and lines the chest cavity.

Normally, there is nothing but a thin layer of lubricating layer of fluid between the inner pleura lining and the outer one. The smooth pleura linings and lubricating fluid allow your lungs to move freely in your chest, as they do in normal breathing.

In people with pleurisy, the two layers of pleura get inflamed (red & swollen). This can create a space between the layers called the pleural cavity (cavity means space). In wet pleurisy, this space can fill up with fluid and get infected.

WHAT CAUSES PLEURISY

Pleurisy can arise from various causes and take various ways to develop, sometimes with excess fluid in the pleural cavity ("wet pleurisy") and sometimes without ("dry pleurisy"), sometimes accompanied by no pain sometimes very painful.

There are two kinds of pleurisy. A "primary" pleurisy is an inflammation arising in the pleural tissues themselves, from a germ that attacked them directly, or perhaps from an injury or growth. A "secondary" pleurisy is an added effect from some other chest disease - pneumonia, for

SYMPTOMS

instance - in which the germs reach the pleura as well as the lungs themselves, or tuberculosis, or lung abscess or almost anything wrong in the chest.

These symptoms and course of primary and secondary pleurisy may be exactly the same, with only the cause different.

People with pleurisy may experience:

- Pain: during each breath, when you move, extreme pain when coughing or sneezing
- Shallow/ difficult breathing
- Dry coughing
- Weakness
- Headache
- Loss of appetite
- Chills
- Fever
- Rapid Heartbeat

These symptoms could be caused by pleurisy or they could be caused by another disease; only a health professional can tell. If you have these symptoms see a health care professional right away.

HOW PLEURISY HAPPENS

Pleurisy may be acute - appearing, giving trouble for a period, and then disappearing. It may be chronic, hanging on, the pain steady and recurring often, the interference with breathing and normal activity an enduring burden.

Dry pleurisy is an inflammation that has not formed fluid. It can be very painful, especially when the swollen outer layer is stretched on breathing. The victim may distinctly feel a grating sensation when the two layers - both perhaps stiffened and swollen - rub against each other. Oddly enough, however, it is only the outer lining, next to the chest wall that feels pain. The one next to the lung has no pain nerves.

Wet pleurisy (pleurisy with effusion) involves fluid that may arise from several causes. One which may be the inflammation itself, which causes an outpouring of blood and lymph (supplementary body fluid). A chest injury with bleeding is an example of another possible source of fluid.