

## Re-expansion Pulmonary Edema (Repe) is an Uncommon Less Than 1% But Potentially Serious Complication of Pleural Fluid Drainage, Usually Occurring Within 1–2 Hours and Most Often Affecting a Single Lung. Bilateral or Delayed-Onset Presentations are Rarely Reported

Ayman Elsayed

Sheroowd Forest Hospitals–NHS, Mohamed Shafei John Hutchinson, Nottinghamshire, United Kingdom

### Abstract:

**Case Presentation:** We report the case of a male patient in his eighties who developed bilateral REPE 12–24 hours after pleural fluid drainage. Unlike the typical acute, unilateral presentation, this case demonstrated both bilateral involvement and significant delay in onset. The patient had multiple comorbidities included AF, HF, Severe frailty and T2DM, which may have contributed to the atypical course.

**Clinical Findings:** Repeat CXR was conducted by bedside when the patient started to develop SOB and increased oxygen requirement. The repeat CXR showed typical signs of bilateral lungs congestion. That followed the pleural drainage process by 12–24 hours.

**Outcome:** Despite the starting of the management of REPE with Iv diuretics, oxygen support. The patient kept deteriorating, Higher ventilation modalities were deemed inappropriate given the comorbidities and the delirious state of the patient. The Family was involved and Palliative care was initiated and afterwards the patient died in comfort.

**Discussion:** This case highlights an unusual presentation of REPE that underscores the need for close post-procedural monitoring beyond the immediate period, particularly in elderly patients with comorbidities. Awareness of both common and uncommon complications is critical for early recognition and management.

**Conclusion:** Bilateral, delayed-onset REPE is a rare but important complication of pleural drainage. This report reinforces the importance of clinical vigilance and adherence to updated guidelines to improve patient safety and outcomes.