A 64-year-old man presented with 3-month history of persistent dyspnoea following a flu-like illness. He had been exposed to asbestos in the building trade and had a 20 pack year smoking history. Investigations revealed a unilateral left pleural exudate (cytology and culture negative). A pleural phase contrast-enhanced computed tomography scan showed enhanced, thickened pleura on the left extending on to the mediastinal surface with a large effusion, features suspicious of pleural malignancy but also compatible with a chronic empyema (Figure 1). In view of the concern of pleural malignancy, he underwent medical thoracoscopy which revealed significant fibrous adhesions impeding lung expansion (Figure 2), but no evidence of parietal pleural tumour deposits. Parietal pleural biopsies were culture negative and consistent with a chronic sterile empyema on histology with no evidence of malignancy. The patient subsequently underwent a decortication.

Photographs and text from: A.R.L. Medford and J.A. Bennett, Department of Respiratory Medicine, Allergy and Thoracic Surgery, Institute for Lung Health, Glenfield Hospital, University Hospitals of Leicester NHS Trust, Leicester LE3 9QP, Leicestershire, UK.
email: andrewmedford@hotmail.com

Conflict of interest: None declared.