Acta Medica Ruha
International Journal of Medicine and Health Sciences
E-ISSN: 2980-1184

LETTER TO THE EDITOR
Volume:4 Issue:1 Year:2026 https://doi.org/10.5281/zenodo.18901867

Rapid Treatment Recommendations for Unilateral Pulmonary Edema in the Emergency Department

Ökkeş Zortuk[1]

[1]Bandırma Research and Training Hospital, Emergency Medicine Department, Balıkesir, Türkiye

ABSTRACT

This letter reviews a reported case of unilateral pulmonary edema, emphasizing its cardiac origins, the diagnostic challenges involved, and the importance of rapid intervention in the emergency department. This case study focuses on an elderly patient who showed significant improvement following pleural puncture and medical treatment, emphasizing the importance of combining interventional and supportive treatments for prompt respiratory stabilization.

Keywords: Pulmonary Edema, Emergency Department, Pleuracan.

To the Editor;

A case report authored by Bentaleb et al. was reviewed (1). The following text provides a comprehensive overview of the subject matter. It is evident that the authors articulated a critical process in patient management with remarkable clarity and precision.

Cardiac causes play an important role in the mechanism of unilateral pulmonary edema. Accurate and early diagnosis of this patient group has been demonstrated to reduce the incidence of mortality. A multitude of etiological factors have been identified, including but not limited to: mitral valve problems, aortic dissection, compression, and postoperative conditions (2,3). The following text is intended to provide a comprehensive overview of the subject matter.

The following discussion presents a case study of an 80-year-old male patient, a demographic that has been observed in other cases reported in the extant literature. The patient presented to the emergency department with shortness of breath, and unilateral pulmonary edema was observed during the evaluation (see Figure 1a). During the subsequent follow-up, no further pathologies were identified, and the condition manifested as decompensated heart failure with recurrent episodes. During the subsequent follow-up period, the patient, who had been diagnosed with unilateral pulmonary edema and type 2 respiratory failure, underwent a Pleuracan pleural puncture in conjunction with the administration of medical treatment in the emergency department (see Figure 1b). During subsequent follow-up, the patient exhibited a significant improvement in respiratory function, with the removal of over one liter of edema fluid. The patient, who required oxygen support, was monitored for a period of two hours. The results of this monitoring indicated a blood oxygen saturation level of 95% in room air, with no need for accessory breathing muscles, and the patient was able to lie flat.

Corresponding Author: Ökkeş Zortuk, e-mail: o.zortuk@gmail.com
Received: 04.12.2025, Accepted: 08.01.2026, Published Online: 10.03.2026
Cited: Zortuk Ö. Rapid Treatment Recommendations for Unilateral Pulmonary Edema in the Emergency Department. Acta Medica Ruha. 2026;4(1):35-36. https://doi.org/10.5281/zenodo.18901867

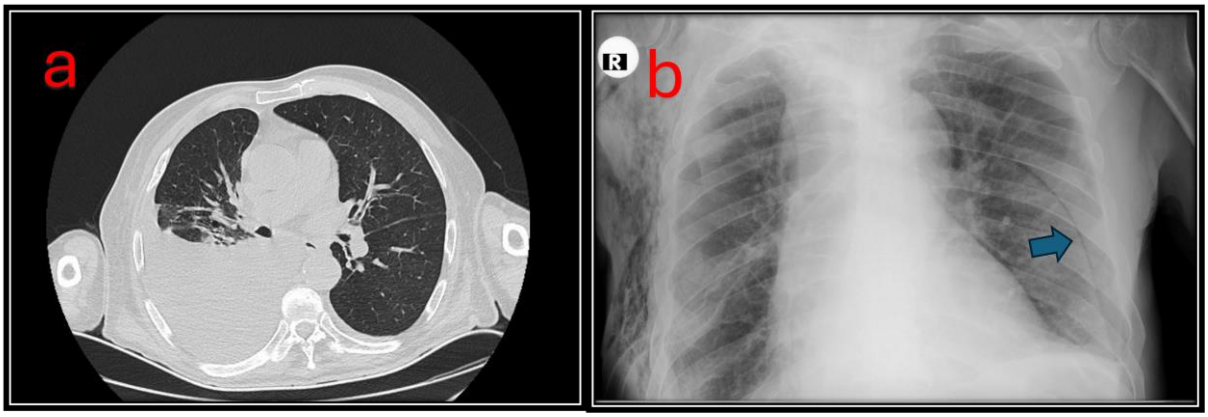

Figure 1. Unilateral pulmonary eadema a: Before the procedure, b: After the procedure, arrow: Pleuracan catheter

In conclusion, during the follow-up of patients in the emergency department, it is possible to achieve rapid results in providing respiratory support through interventional methods in addition to medical treatment.

DESCRIPTIONS

No financial support.

No conflict of interest.

Compliance with ethical standards: Written informed consent was obtained from the patient described in this text. Personal information was kept confidential in accordance with the Declaration of Helsinki. Ethics committee approval was not required for this study.

REFERENCES

1. Bentaleb A, Tagu P, Vascaut L. Œdème aigu pulmonaire unilatéral droit et processus ischémique myocardique: à propos d'un cas. Rev Pneumol Clin. 2008;64:178-182. doi:10.1016/j.pneumo.2008.07.002

2. Tomlinson J, Elgaaly M. Things are not always as they seem—A case of unilateral pulmonary oedema. Clin Med (Lond). 2024;24:100106. doi:10.1016/j.clinme.2024.100106

3. Hirata K, Ishimine T, Nakayama I, et al. Unilateral left pulmonary edema caused by contained rupture of the ascending aortic dissection. Intern Med. 2021;60:751-753. doi:10.2169/internalmedicine.5750-20