Extensive Pleural Calcification

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Pleural calcification is a commonly encountered diagnostic finding in daily practice. A 55 year old male patient presented to us with chest pain for last 3 months. There was a past history of pleural effusion, for which he took ATT for six months. Physical examination was unremarkable. On investigation, ECG showed ST depression in inferior leads. Patient was treated as ischemic heart disease and patient improved. However, chest X-ray revealed diffuse pleural calcifications, which is bilateral, with right more than left, involving the anterior, mediastinal and diaphragmatic pleura. Patient was apprehensive of this and wished to get it treated. The calcification in case of hemothorax, pyothorax or tubercular effusion usually takes the form of a broad continuous sheet or of multiple discrete plaques. It usually extends from about the level of the midthorax posteriorly, around the lateral lung margin in a general inferior direction, roughly paralleling the chief fissure.1

The differential diagnosis of these calcifications is tuberculosis, asbestosis, hyperparathyroidism, and metastatic calcification. Our case had no history of exposure to asbestosis, serum PTH was normal and old X-rays had similar finding. He didn’t had any clinical feature of asbestosis, nor there was any fibrosis seen on the x-rays. “As far as calcification is concerned, in asbestosis it occurs in fibrous plaques, although involvement of the diaphragm bilaterally is common.”1

Our case had anterior and diaphragmatic pleural calcifications, along with calcification of mediastinal pleura which are unusual in tuberculosis and more common in asbestosis. Patient was reassured and sent home.

Reference