A 55-year-old lady attends A&E due to pleuritic chest pain developing over three hours. She reports shortness of breath with haemoptysis. Calf is swollen, tender, and warm. Breath sounds are decreased on the right, whilst a pleural rub is noted on both on inspiration and expiration. Which is the LEAST likely differential?

A) Pulmonary Embolism
B) Haemothorax
C) Pleurisy
D) Influenzæ
E) Pneumothorax

#fearsomefive

Answer Tomorrow:

MCQ / ClinicalKey AnswerCard

Answer - Pleurisy

A process of elimination is required here.

- **Pulmonary embolism** is the most common serious cause of pleuritic chest pain - found in 5% to 21% of patients attending A&E with acute SOB.
- **Haemothorax** would allow for an acute onset, reduced air entry and frank haemoptysis along with SOB and a pleural rub.
- **Virus** are a common cause of pleuritic rub and SOB, and haemoptysis esp influenzæ. EBV, and CMV infections may be also be causative factors.
- **Pneumothorax** would have acute SOB, reduced air entry, pleuritic rub, and can be associated with haemoptysis, especially in a patient with bullous lung diseases.
- **Pleurisy** could be a trigger for SOB, and particularly pleuritic rub. However reduced air entry and haemoptysis, whilst possible, is less likely than with the other differentials given.

ClinicalKey Link