CORRESPONDENCE

An unusual case of pleuropericardial neutrophilic effusion associated with valproate

Nesibe Taşer a, Murat Sarıkaya b, *

a Department of Internal Medicine, Ankara Education and Research Hospital, Ankara, Turkey
b Department of Gastroenterology, Ankara Education and Research Hospital, Ankara, Turkey

Received 25 June 2013; received in revised form 11 July 2013; accepted 16 July 2013

Dear Editor,

Valproate is used in the treatment of patients with epilepsy, focal fits, bipolar disorder, mood swings, and bipolar disorder.1 Common adverse effects of valproate contain headache, somnolence, insomnia, alopecia, nausea, vomiting, diarrhea, abdominal pain, dyspepsia, thrombocytopenia, and tremor.2,3 Herein, we describe a patient who developed pleuropericardial effusion associated with the use of valproate.

A 42-year-old woman was admitted to the internal medicine department of our hospital due to dyspnea and cough during the past 10 days. Her symptoms began 10 days prior to admission. Detailed medical history showed that she had epilepsy that was treated for 2 years with valproate 1250 mg/day for 6 years. Physical examination of the chest revealed decreased breath sounds at the middle and lower part of the left hemithorax. Standard laboratory studies demonstrated mild anemia (hemoglobin, 10.3 g/L), increased C-reactive protein (CRP, 5.1 mg/L), and erythrocyte sedimentation rate (ESR, 77). Leukocytosis (10,000/mm³) and thrombocytosis (690,000/mm³) were observed. Further laboratory investigation, including thyroid hormones, autoantibodies, and virological tests, demonstrated no pathologies. Chest X-ray showed a large left-sided pleural effusion (Fig. 1).

Figure 1 Chest X-ray shows a large left-sided pleural effusion.

* Corresponding author. Ankara Education and Research Hospital, Gastroenterology Clinic, Ulucanlar, Altındağ, Ankara 06600, Turkey.
E-mail address: drmuratsarikaya@gmail.com (M. Sarıkaya).
Echocardiography had shown pericardial effusion and pericardiocentesis was performed, during which 500 cc of pericardial fluid was drained. Pericardial culture was negative and neutrophilic transudative pericardial effusion was detected. Diagnostic thoracentesis revealed a neutrophilic transudative pleural effusion. After excluding common reasons for pleuropericardial effusion, valproate was discontinued and substituted with lamotrigine. Three months later, pleuropericardial effusion was completely ameliorated.

In the literature, most of the cases associated with valproate are stated as having only pleural effusion and these effusions are either eosinophilic or lymphocytic. In this case, there has been pericardial effusion that is neutrophilic and seen at the same time with pleural effusion.

The approach to patients with pleuropericardial effusion is difficult. After all other possible causative factors have been excluded, it is important to consider the possibility of valproate-induced pleuropericardial effusion. In patients using valproate, this adverse effect should be kept in mind.

References