

**PP094 LUNGS INSIDE MY  
LUNGS? A CASE REPORT OF  
PLEURAL PLAQUES &  
CALCIFICATION**

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**INTRODUCTION**

Pleural plaques are discrete circumscribed areas of hyaline fibrosis that are most commonly found on parietal or visceral pleura.

**CASE REPORT**

An 80-year-old gentleman, non-smoker with underlying Chronic obstructive Pulmonary Disease (COPD), presented with history of cough over a month duration. He did not have any dyspnea, night sweats, loss of appetite, loss of weight or contact with TB patient. He had history of alleged bombing in 1948 while on duty and injured his right chest area. He was told that there was fluid in his right lung but he refused any treatment.

He was not tachypnoeic. There was coarse crepitations heard up to midzone over the right lung. Chest X ray showed pleural plaque/calcification resembling size of a mini lung inside his right lung with pleural effusion and reduced lung volume. The left lung was normal.

His sputum culture & sensitivity (C&S) grew *Klebsiella pneumoniae*. There was no growth in blood (C&S) and sputum Acid Fast Bacilli (AFB).

**DISCUSSION**

Pleural plaques comprise of dense conglomerations of collagen fibres arranged in a basket-weave pattern. They often become partly calcified. They are benign and not pre-malignant. Pleural calcification can also be seen in healed thoracic trauma. A grating sensation in the chest is described in less than 1%.

Subjects with pleural plaques have been shown to have small but statistically significant reduction in lung volumes of around 5%. Extensive & confluent plaques are uncommon but can result in a restrictive ventilatory defect that results in disability.

Patients who have symptoms such as dyspnea, chest pain, hemoptysis and persistent cough should be referred to a consultant respiratory physician. Asymptomatic patients with pleural plaques do not require investigation.