We describe a case of severe reexpansion pulmonary edema (RPE) which occurred after drainage of a pleural effusion in a 12 year old female with a large anterior mediastinal mass. CT scan revealed the mass extending above and below the diaphragm, rightward tracheal deviation, moderate pericardial effusion, and left sided pleural effusion. Chest tube and lumbar puncture were uneventfully performed under sedation with patient breathing spontaneously. One liter of fluid was drained from pleural space. On arrival to PACU, patient began wheezing and having refractory respiratory distress and hypotension. Patient returned to operating room for pericardial window, as her symptoms were attributed to “possible tamponade physiology.” Immediately following intubation, a copious amount of clear frothy fluid arose from the endotracheal tube requiring aggressive suctioning. The patient stabilized following intubation and positive pressure ventilation. The pericardial window was performed with 600mL of fluid drained.

RPE was likely responsible for this patient’s respiratory distress and hemodynamic instability in the PACU.

**REFERENCES**