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**ETIOLOGY, CLINICAL MANIFESTATIONS AND LABORATORY DIAGNOSIS OF PLEURISY**

Pleurisy, also called pleuritis, is an inflammation of the pleura, which is the moist, double-layered membrane that surrounds the lungs and lines the rib cage. Condition can make breathing extremely painful. Pleurisy causes sharp chest pain (pleuritic pain) that worsens during breathing, sometimes pain maybe felt in shoulder ,may worsen on coughing and movement and decrease on shallow breathing .A variety of underlying conditions can cause pleurisy. Sometimes it is associated with another condition called pleural effusion, in which excess fluid fills the area between the membrane's layers.

The double-layered pleura protects and lubricates the surface of the lungs as they inflate and deflate within the rib cage. Normally, a thin, fluid-filled gap -- the pleural space -- allows the two layers of the pleural membrane to slide gently past each other. But when these layers become inflamed, with every breath, sneeze, or cough, their roughened surfaces rub painfully together like two pieces of sandpaper. In some cases of pleurisy, excess fluid seeps into the pleural space, resulting in pleural effusion. This fluid buildup usually has a lubricating effect, relieving the pain associated with pleurisy as it reduces friction between the membrane's layers. But at the same time, the added fluid puts pressure on the lungs, reducing their ability to move freely. A large amount of fluid may cause shortness of breath. In some cases of pleural effusion, this excess liquid can become infected. Viral infection is probably the most common cause of pleurisy. Some of the other causes include lung infections, such as pneumonia and tuberculosis.

Other diseases such as systemic lupus erythematosus, rheumatoid arthritis, cancer, liver diseases, and pulmonary embolism. Chest injuries, Drug reactions. I t can usually be diagnosed by studying your symptoms. Your GP can listen to your chest to check for the distinctive dry, crunching sound that suggests you may have pleurisy. Further tests may be needed to identify the underlying cause of your pleurisy and to assess how severe it is. These can include blood tests to determine whether you have an infection or an autoimmune condition, chest X rays, an [ultrasound scan](http://www.nhs.uk/conditions/Ultrasound-scan/Pages/Introduction.aspx), a CT scan a biopsy sample of pleural or lung tissue for further testing. Treatment for pleurisy depends on the underlying cause. For example, pleurisy caused by a viral infection will often resolve itself without treatment. However, pleurisy caused by a bacterial infection is usually treated with antibiotics , and people who are frail or already in poor health may be admitted to hospital. NSAIDs , such as ibuprofen, are often used to relieve thechest pain associated with pleurisy. If excess fluid builds up between the pleural layers, it may be necessary to drain the fluid to prevent breathing difficulties.