A 50-year-old woman had dyspnoea from the right pleural effusion. A tube thoracostomy yielded 3 l of sanguineous, benign, sterile persistent effusion. A videothoracoscopy showed diaphragmatic blebs and pores (Fig. 1) with ascitic fluid squirting through them (Supplementary Video 1). A parietal pleurectomy with mechanical pleurodesis over the diaphragm was done with no recurrence 6 months later.

Supplementary material (Video 1) is available at EJCTS online.

Figure 1: A videothoracoscopy of the right chest showing several blebs and pores of 1–2 mm arising from the diaphragm. The patient had mild ascites of unknown aetiology.