INTRODUCTION

Pathologic processes originating below the diaphragm, in the abdomen, may produce many intrathoracic complications. In most cases, the intrathoracic problems are not distinctive for a particular abdominal disorder, as different abdominal processes can produce the same intrathoracic problem.

Thus, one finds that (1) numerous abdominal processes may result in pleural effusions, of which most are exudates without distinctive biochemical or cellular features, (2) any intrabdominal bacterial infection may become blood borne and cause pneumonia, lung abscess, septic emboli, bronchopleural fistula, or empyema, or may precipitate the adult respiratory distress syndrome, (3) aspiration of gastrointestinal contents, irrespective of the cause, may produce a spectrum of infectious, inflammatory, and bronchospastic intrathoracic complications, and (4) intrathoracic metastases from different abdominal malignancies can have similar clinical and radiographic manifestations. ***(Lorch & Sahn, 1987).***

So, we can classify the chest complications of subdiaphragmatic diseases into to big categories.

***First*, pleural complications**

The most common pleural complications are, pleural effusion (simple or malignant) and empyema.

The subdiaphragmatic diseases that usually complicating the chest are liver diseases as liver cirrhosis, amebic liver abscess and pyogenic liver abscess.

All intra abdominal abscesses specially subphrenic abscess are also a common cause of pleural complications.

Renal diseases, pancreatic diseases may be also presented by pleural complications.

***Second*, Parenchymal or lung complications**

The most common lung complications are metastatic lung manifestations due to primary intrabdominal malignancy, hydatid disease and secondary lung abscess.