A 50 year old man with a prior history of smoking and moderate alcohol use came to the Emergency Department due to progressive respiratory difficulty. A chest X-ray revealed a massive left pleural effusion, and a thoracocentesis was performed, revealing an amylase-rich fluid. A chest CT scan (Fig. 1) revealed a left pleural effusion with pulmonary collapse and a communication of this effusion with the abdomen through a fistulous tract originated in a pancreatic pseudocyst. A pleural drain was placed, but no spontaneous pulmonary re-expansion was seen (“trapped lung”). The patient was operated on and a pulmonary decortication was performed. He presented a favourable clinical course and was discharged without complications.