8. Sarcoidosis
9. Uremia
10. Meigs' syndrome
11. Yellow nail syndrome
12. Drug-induced pleural disease
    a. Nitrofurantoin
    b. Dantrolene
    c. Methysergide
    d. Bromocriptine
    e. Procarbazine
    f. Amiodarone
    g. Dasatinib
13. Trapped lung
14. Radiation therapy
15. Post–cardiac injury syndrome
16. Hemothorax
17. Iatrogenic injury
18. Ovarian hyperstimulation syndrome
19. Pericardial disease
20. Chylothorax

The diagnosis of an asbestos pleural effusion is one of exclusions. Benign ovarian tumors can produce ascites and a pleural effusion (Meigs' syndrome), as can the ovarian hyperstimulation syndrome. Several drugs can cause pleural effusion; the associated fluid is usually eosinophilic. Pleural effusions commonly occur after coronary artery bypass surgery. Effusions occurring within the first weeks are typically left-sided and bloody, with large numbers of eosinophils, and respond to one or two therapeutic thoracenteses. Effusions occurring after the first few weeks are typically left-sided and clear yellow, with predominantly small lymphocytes, and tend to recur. Other medical manipulations that induce pleural effusions include abdominal surgery; radiation therapy; liver, lung, or heart transplantation; and the intravascular insertion of central lines.