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Talc Pleurodesis for the Treatment of Secondary Spontaneous Pneumothorax and Pleural Effusion

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Objectives: Pleurodesis is a procedure to achieve symphysis between the two layers of pleura to prevent recurrent pleural effusion or recurrent pneumothorax. Pleurodesis can be performed at the bedside using chest thoracostomy or pleuroscopy or Video-assisted thoracoscopic surgery. At the present time, talc is one of the agents most commonly used for chemical pleurodesis in patients with either a recurrent pleural effusion or a spontaneous pneumothorax. In this study, we presented our experience of chemical pleurodesis.

Methods: After obtaining permission from the hospital education board, data from the hospital information management system were reviewed retrospectively. 79 patients with a diagnosis of pleural effusion and secondary spontaneous pneumothorax were included in our study. From 2017 to the end of 2018, 79 patients were treated with talc pleurodesis.

Results: A total of 79 patients (51 males, 28 females) were admitted to the thoracic surgery unit. The mean age of the patients was 64.7 years. Fifty-six patients had malignant pleural effusions with the most common cell types being lung, mesothelioma, lymphoma (30 of 56, 54 percent), breast (13 of 56, 23 percent), cholangiocarcinoma, rectum, renal, prostate, bladder, ovarian, stomach, adrenal (13 of 56, 23 percent). Sixteen patients had benign conditions (liver, heart and kidney failure, pleuritis etc.). Seven patients had secondary spontaneous pneumothorax. The highest success rate was obtained in secondary spontaneous pneumothorax patients (85.7% at 30 days), the poorest one in liver, heart and kidney failure patients (66,7% at 30 days), and intermediate results were achieved in thoracic malignancies (80% at 30 days). Adverse effects associated with pleurodesis included fever (38 of 79, 48 percent), hypotension (4 of 79, 5 percent), and chest pain (27 of 79, 34 percent). There were no deaths attributable to the procedure.

Conclusion: Talc is a highly effective pleurodesis agent in patients with pleural effusion or pneumothorax.

Keywords: Pleural effusion, pleurodesi, TALC