

Perplexing transudative pleural effusions – not anymore: an interesting case series

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Abstract

Pleural effusion is a common clinical scenario with varied etiology. The etiology of pleural effusion is mostly established by pleural fluid examination for biochemistry, microbiology and cytology. If the etiology is still not determined then a pleural biopsy is done. Till recently this was done with an Abram's or Cope's pleural biopsy needle. However, this being a blind procedure the diagnosis could not be established in 20-25% cases. Medical thoracoscopy or pleuroscopy, though not a relatively new procedure but appears to be the ideal investigation under the circumstances. The procedure consists of a single 7-10 mm incision, port inserted in the pleural space under conscious sedation with direct visualization of the entire pleural space along with biopsies of the affected site and drainage of entire pleural fluid, in a 20-30 min sitting, with results as high as 92-100%. It is a state of the art procedure done by pulmonologists cutting down the cost alongside providing a diagnostic as well as symptomatic relief to the patient. Patients presenting with shortness of breath, cough and chest-x-ray s/o pleural effusion, which when tapped is non-decisive of infective etiology, malignancy or tuberculosis (lymphocytic exudates with normal, borderline or very high ADA levels). Over here we would like to present a series of interesting cases where the diagnosis could only be made possible only with the help of thoracoscopy in these transudate effusions though done strictly in concordance with

the ERS guidelines for pleural effusion. Hence, "A high yield with early targeted therapy with a better response and a better future

Biography:

Vaibhav Chachra has completed his MD in 2012 and is one of the youngest Interventional Pulmonologist of the country and has been trained under Dr Rajiv Goyal (MD, MRCP, EDRM) in Rajiv Gandhi Cancer Institute. He went back to his small hometown in Uttarakhand state where he was the first to start EBUS in the state and 67th in the Indian subcontinent. He was also the first to do Y tracheal stenting in his state. He has just appeared for his HERMES-EDRM exam (result awaited). He has also won the Best Poster Presentation in the National Indian Conference–NAPCON on Necrotizing Sarcoidosis. Currently he is working as the Head and Interventional Pulmonologist in Max Super Speciality Hospital, which is one of the largest chains of hospitals in Northern India. He has published multiple papers in national as well as international journals. He has been a Faculty and Chaired sessions in national conferences