

# Response to assessment of spontaneous pneumothorax in adults in a tertiary care hospital

Sir,

Aparup Dhua *et al.* recently published an article titled "Assessment of spontaneous pneumothorax in adults in a tertiary care hospital" in this journal.<sup>[1]</sup> The authors have meticulously documented data from 60 patients in this prospective observational study, which is commendable; however, we have concerns regarding management of patients in this study.

Majority of patients in the current study (83.33%) had secondary spontaneous pneumothorax (SSP) and yet only 10% of these (5) were subjected to chemical pleurodesis. Moreover 13.33% of the cases were recurrent pneumothorax irrespective of whether it was of primary or secondary origin and overall only 10% of the patients were subjected to pleurodesis which proves that even some patients with recurrent pneumothorax were not subjected to pleurodesis. Aforementioned points are in clear deviation from both ACCP and BTS guidelines that recommend measures to prevent recurrence in first episode of SSP or at least in case of recurrence in primary spontaneous pneumothorax (PSP).<sup>[2,3]</sup> This stems from evidence that PSP have recurrence rate of up to 62% after second and 83% after third episode of pneumothorax.<sup>[4]</sup> SSP have high incidence of recurrence in the range of 40-50% which can be life threatening at presentation if pleurodesis is not performed after first episode.<sup>[5]</sup> Though guidelines lean towards surgical bullectomy and pleurodesis, instillation of sclerosants through chest tube has high success in preventing recurrence. Authors have not mentioned regarding time to stoppage of airleak, whether suction was applied, tube was clamped and immediate recurrence after tube removal. There is also no

mention of long-term outcome, which is likely to illustrate the deficiency in management in this study.

**Arjun Srinivasan, Mahadevan Sivaramakrishnan,  
Pattabhi Raman R. Vallandramam, Pavan Yadav**

*Department of Pulmonary Medicine, Kovai Medical Center and  
Hospital, Coimbatore, Tamil Nadu, India  
E-mail: drarjun81@gmail.com*

## REFERENCES

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