Therapeutic thoracentesis in tuberculous pleural effusion: Needs more ammunition to prove

Sir,

Bhuniya et al. raised an important and timely issue of therapeutic thoracentesis in tuberculous pleural effusion.^[1] Authors suggested the role of therapeutic thoracentesis in tuberculous pleural effusion on the basis of better lung functions and lesser pleural thickening. Clinical common sense as well as previous researches suggest that removing the pleural fluid is expected to decrease the chances of pleural thickening and thus is expected to improve the lung functions. But still there is no consensus on therapeutic pleural fluid aspiration especially in asymptomatic patients with tuberculous pleural effusion; it is because of the risk of pneumothorax during thoracentesis. A recent meta-analysis has observed around 6% rate of pneumothorax during pleural fluid aspiration, of which 34.1%patients required intercostal tube drainage. [2] Pneumothorax also causes restrictive functional impairment. [3] Thus, any improvement in lung functions by therapeutic thoracentesis may very well be neutralized by the opposite restrictive effects of complicating pneumothorax. In the present study, authors did not discuss about development of (or absence of) pneumothorax in their patients. A comparative analysis of improvement in lung functions by removal of pleural fluid and impairment of lung functions by the complicating pneumothorax could have done more justice to their well organized study. It could have given better estimate of total risk benefit ratio.

Naveen Dutt

Department of Respiratory Medicine, BPS Medical College, Khanpur, Haryana, India E-mail: drnaveendutt@yahoo.co.in

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