Polymorphonuclear-rich and lymphocyte-rich tuberculous pleural effusion

Sir,

We read with interest the article entitled, "clinical and pathological differences between polymorphonuclear-rich and lymphocyte-rich tuberculous pleural effusion" by Zhao *et al*.[1] We have been particularly interested in various pleurisy including tuberculous and malignant pleuritis,[2,3] so we would like to discuss four issues. First, the authors showed the results of 232 patients with definitive diagnosis. Please let us know why the authors evaluated the significance of analyzing the pleural effusions of these patients together, although the authors collected patients with definitive and probable patients separately. Were the results similar to those in the 304 patients presented? Second, we do appreciate hearing from the authors how they evaluated the possible outcome of mixed infections with common bacteria other than mycobacteria. In other words, how did the authors rule out the possibility of infection by common bacteria other than mycobacteria? Third, the authors discussed the relationship between time course and cellular changes in pleural effusion with reference to the article by Vorster *et al*.[4] We do suppose that different timing of collecting cells in the pleural fluid might play a major role in the results obtained in this study. How can we clarify the results obtained in this study, taking into account the fact that tuberculous pleurisy does not have a clear onset? Fourth, if there are neutrophil- and lymphocyte-dominant pleurisy, we would like to know how the authors evaluate this pathological significance and its impact on treatment.

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Conflicts of interest

There are no conflicts of interest.

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