Clinicopathological profile and course of malignant pleural effusion in a tertiary care teaching hospital in western Uttar Pradesh with special reference to lung cancer

Sir,

We would like to thank Sharma *et al.*^[1] for acknowledging our work^[2] and raising a few important points about malignant pleural effusion and female genital tract cancer.

Female genital cancers were not discussed in detail in our study as that was not the primary aim. Our study was conducted in a resource-limited manner regarding the cost and availability of tests. We cannot but agree with the authors that immunohistochemical and molecular markers must be used to diagnose cancers of unknown primary and pass on the benefit of targeted treatment.

Our study had 30 cases involving the female genital system, of which 28 were ovarian cancers and one each cervical and endometrial cancer. Patients of malignant pleural effusion with ovarian cancer have intermediate prognosis, better than lung cancer but worse than breast cancer.^[3] In our study, too, only 10 out of 135 (7.4%) patients of lung cancer survived for 6 months, while 4 out of 30 (13.3%) ovarian cancer patients and 8 out

of 36 (22.2%) breast cancer patients were alive after 6 months follow-up.

In another study^[4] by us titled "Malignant pleural effusion in carcinoma ovary: Experience of a tertiary care teaching hospital in northern India," published in *Indian Journal* of Basic and Applied Medical Research,^[3] we found cancer antigen 125 (CA-125) to be a highly sensitive marker, which fell significantly to a low level with treatment and rose again on recurrence (5745.59 IU/L vs 778.50 IU/L vs 4785.85 IU/L).

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Quick Response Code:	Website: www.lungindia.com
	DOI: 10.4103/0970-2113.168122