Sixth International Joint Meeting on THORACIC SURGERY

Barcelona - 20th, 21st and 22nd November 2024
Auditorio Foment del Treball Nacional. Barcelona (Spain)

11th International Meeting on General Thoracic Surgery
Clínic Barcelona | Universitat de Barcelona | Hospital Universitari Sagrat Cor

5th Meeting of the Thoracic Oncology, Thoracic Surgery, Techniques & Transplant, Respiratory Nursing and Respiratory Physiotherapy Areas of the Spanish Society of Pneumology and Thoracic Surgery (SEPAR)
Sociedad Española de Neumología y Cirugía Torácica (SEPAR)

10th International Workshop on Surgical Exploration of the Mediastinum and Systematic Nodal Dissection
Hospital Universitari Mútua Terrassa | Universitat de Barcelona

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3rd Joint Meeting of the Spanish Society of Thoracic Surgery (SECT)
SECT Sociedad Española de Cirugía Torácica

30th Congress of the "Asociación Iberoamericana de Cirugía Torácica" AIACT

Sant Pau Campus Salut Barcelona | UAB Universitat Autònoma de Barcelona | MAR | upf Universitat Pompeu Fabra Barcelona

SURGICAL MANAGEMENT OF MALIGNANT PLEURAL EFFUSIONS

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*Malignant pleural effusion is the presence of tumor cells in the pleural space. A therapeutic decision should be based on total assessment of the patient. *Study the management peculiarities of malignant pleural effusion. *A retrospective series of 180cases of malignant pleural effusion collected at a thoracic surgery department of Abderrahmen Mami Hospital, Ariana, over a period of 11years. *The average age was 46with a sex ratio of0.9. Dyspnea was the most common symptom. Lung and breast cancer are responsible for the majority of malignant pleural effusion. Of the 18Opatients, 57were not operated because of high perioperative risk:50had thoracic drainage with povidone-iodine pleurodesis and 5 had just thoracic drainage with abstinence therapy for two patients. The remaining 123patients were operated on. The approaches were a VTS in 112cases and a VATS in 9cases. Ninety-nine patients had a pleural biopsy (talc poudrage in 81cases and povidone-iodine pleurodesis in18cases for trapped lung); 11had a talc poudrage without biopsy; one patient had a decortication and two had a pericardial window. The postoperative course was complicated for 20patients (of these 20patients, 2had thoracic drainage and 2 had povidone-iodine pleurodesis through the chest tube). Complications were respiratory failure(n=5); post-operative bleeding(n=2); atelectasis(n=2); subcutaneous emphysema(n=2); prolonged drainage(n=6;) prolonged leaks(n=2); phlebitis(n=1) and 14patients died. *Talc poudrage remains the reference method of pleurodesis. The prognosis remains generally poor, but prolonged survivals are possible. The two main prognostic factors are histology and the general condition of the patient. The patient's quality of life must be a priority in any therapeutic decision.