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ثبكة المعلومات الجامعية







Thoracoscopic Talc Insufflation, Talc Slurry and <u>Tetracycline Pleurodesis In Malignant</u> Pleural Effusion

THESIS

Submitted for partial fulfillment of master degree in chest diseases and tuberculosis

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أجتماع لجنة الحكم على الرسالة البندرسة مسبسن الطبيب / بالميكن في المراب الم توطئة للحصول على درجية الباجستير / الدلتسيوراة نى الأسرالة الجرسمية والمدن

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Abstract

A study of 30 patients with malignant pleural effusion had been carried out to evaluate thoracoscopic talc poudrage as a treatment modality for recurrent malignant pleural effusion. The 30 patients were followed up for one month.

In this study, 30 cases were divided into 3 groups:

Group I: included 10 cases with malignant pleural effusion were subjected to pleurodesis by Tetracycline, there were 3 males and 7 females.

Group II: included 10 cases with malignant pleural effusion were subjected to pleurodesis by Talc slurry, there were 6 males and 4 females.

Group III: included 10 cases with malignant pleural effusion were subjected to pleurodesis by Talc Insufflation, there were 4 males and 6 females.

In group I , six patient (60%) showed good response to intrapleural tetracycline .

In group II, eight patient (80%) showed good response to intrapleural talc slurry.

In group III, nine patients (90%) showed good response to intrapleural talc insufflation by thoracoscope.

It is concluded from this study that thoracoscopic talc insufflation is an effective method for producing pleurodesis in patients with malignant pleural effusion and better than talc slurry and tetracycline.

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List of abbreviations

ADA = Adenosine deaminase

ANA = Antinuclear antibodies

CBP = Corynebacterium parvum

CEA = Carcinoembryonic antigen

C.T. = Computed tomography

LDH = Lactic dehydrogenase

MPE = Malignant Pleural Effusion

MRI = Magnetic Resonance Imaging

Nd:YAG = Neidymium:yttrium-aluminum-garnet laser

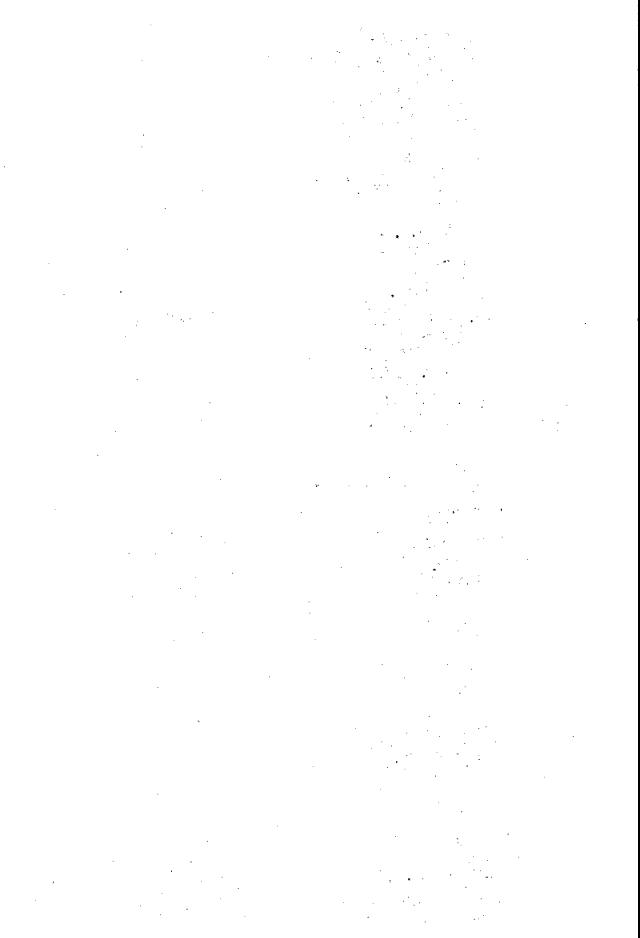
PCR = Polymerase chain reaction

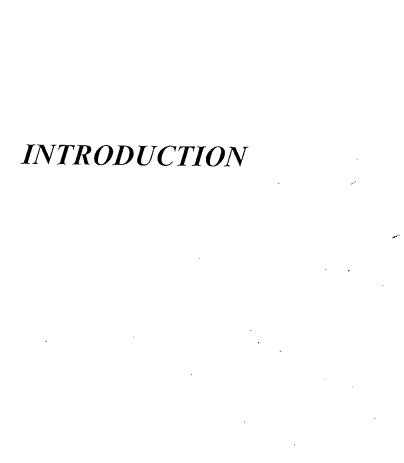
PE = Pleural effusion

PgE = Prostaglandins *□*

T.B. = Tuberculosis

VATS = Védio-Assisted Thoracic Surgery





Introduction

Malignant pleural effusion is a common condition which is often disabling and could be very difficult to treat. It represents a terminal condition with short median survival, and the goal of treatment is palliation (Yim et al 1996) Pleural effusion is a frequent complication of malignancy and cause considerable morbidity from dyspnea. The drainage and control of malignant effusions relieve symptoms and maintain quality of life (Davies et al 1999).

Definitive palliation of malignant pleural effusion demands a therapeutic procedure that is efficient with a low risk of complication and death (Bohle et al 1999), pleurodesis is the symptomatic treatment of choice and should be considered as early as possible in the course of chronic malignant pleural effusions (Viallet et al 1996).

Management of pleural diseases remains the oldest indication of thoracoscopy (Yim et al 1996). The primary goal of VATS as a minimal invasive technique focuses on reducing the morbidity and mortality associated with the classic open surgical technique. (Landerneau et al 1993).

Recently thoracoscopy has been used with increasing frequency for the diagnosis and treatment of pleuropulmonary diseases (*Boutin et al 1990*).