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شبكة المعلومات الجامعية



شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم

# جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

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# بعض الوثائق الأصلية تالفة



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بالرسالة صفحات

لم ترد بالأصل

*THORACOSCOPY AND PLEURODESIS IN  
MALIGNANT PLEURAL EFFUSION*

BA90V

*Thesis*

*Submitted for partial fulfillment of M Sc. Degree*

*In General Surgery*

*By*

*AMR AHMAD MOSTAFA AZIZ*

*(M. B., B. Ch)*

*Supervised by*

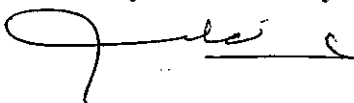
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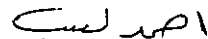
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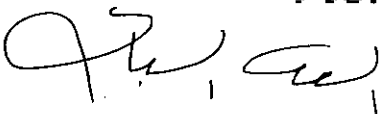
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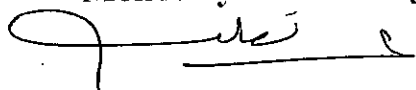
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*To*

*My Parents*





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# Introduction



## Thoracoscopy and pleurodesis in malignant pleural effusion

### Introduction

One of the most common diagnostic problems encountered by chest physicans and surgeons is the presence of fluid in the pleural space. Sometime, the cause of the pleural effusion is obvious, such as that associated with congestive heart failure, but whatever the cause, fluid in the pleural space requires investigations because it may represent serious and possibly fatal disease often the discovery of the cause is elusive and presents a difficult diagnostic challenge. The incidence in which evaluation of pleural fluid results in , no diagnosis, presents 1-3% of cases. Therefore diagnostic efforts must be determined in the hope of arriving at a specific diagnosis (*Storey et al., 1976*).

Thoracoscopy was introduced by Jacobaeus in 1910 as a diagnostic procedure. During the era of pulmonary collapse therapy of tuberculosis, it was used mainly for the lysis of pleural adhesions. Recently, there has been a renewed interest in this method, mostly for establishing the aetiology of pleural effusion (*Weissberg and Kaufman, 1980*).

Malignant pleural effusion occurs in as many as 50 percent of patient with cancer at some point in the course of their disease (*Reshad et al., 1985*). The most common malignancies were lung, breast and unknown 1ry carcinomas (*Martinez et al., 1993*). From 28 % to 61 % of effusions seen in a general hospital are malignant, and up to half of patients with breast cancer will develop an effusion during the course of their illness (*Hausheer and Yarbrow, 1985*).

Malignant pleural effusion is a significant cause of morbidity in patients with advanced cancer. Although the quantity of patients lives is more often determined by the progress of their systemic cancer, the quality of their lives can be improved significantly by successful management of their effusions (*Ruckdeschel, 1988*).

Tube thoracostomy with subsequent chemical pleurodesis is the treatment of choice for patients with tumors that are relatively insensitive to systemic chemotherapy (*Moore DW 1991*).

Tetracycline in conjunction with thoracoscopic drainage is currently considered as the optimal sclerosing agent due to its high efficacy, good patient tolerance, simple and repeatable applicability and low cost of treatment (*Frank et al., 1989*). With the resurgence of thoracoscopy, there is renewed interest in less invasive methods of pleurodesis (*Bresticher et al., 1993*).

**Aim of the work**

