

عنوان مقاله:

Intrapleural Fibrinolysis in Post-tubercular Loculated Pleural Effusions at a Tertiary-Care Respiratory Center: An Uncontrolled Blinded Before-After Intervention Study

محل انتشار:

مجله اقدامات و تحقیقات بیمارستانی، دوره 3، شماره 2 (سال: 1397)

تعداد صفحات اصل مقاله: 5

نویسندگان:

Narayanan Subramanian - *Army College of Medical Sciences and Base Hospital, New Delhi, India*

Debajyoti Bhattacharyya - *Army Hospital Research and Referral, New Delhi, India*

Inam Danish Khan - *Army College of Medical Sciences and Base Hospital, New Delhi, India*

Vishnu Prasad - *Army College of Medical Sciences and Base Hospital, New Delhi, India*

Arun Kotaru - *Venkateshwara Hospital, Dwarka, New Delhi, India*

Vasu Vardhan - *Armed Forces Medical College, Pune, India*

Kapil Pandya - *Army College of Medical Sciences and Base Hospital, New Delhi, India*

خلاصه مقاله:

Background: Tuberculous, parapneumonic and traumatic loculated pleural-effusions pose therapeutic challenges due to resultant pleural-thickening and compromised lung-function for life. Tuberculosis is widely prevalent in developing countries, necessitating appropriate, effective, and economical treatment for loculated pleural-effusion to reduce the burden and sequelae. **Objective:** An uncontrolled and blind before-after intervention study to determine the effectiveness of intrapleural fibrinolytic therapy (IPFT) using urokinase in loculated pleural effusions was conducted at a tertiary-care respiratory center after obtaining approval and written informed consent. **Methods:** Fifty-one patients with loculated pleural effusion were administered with repeated cycles of three doses of 1 Lakh IU of urokinase intrapleurally until complete drainage of pleural fluid. Pre- and post-IPFT clinical and radiological responses were compared using removal of fluid, ultrasound, and chest radiography were compared. The Kolmogorov-Smirnov test and paired t test with significance at a P value less than 0.05 were applied to test statistically significant differences in proportions and means, respectively. **Results:** Tuberculosis was the most common etiology leading to loculated pleural effusion (80%), and 82.4% of tuberculosis patients required at least two cycles of IPFT. Complete resolution in chest radiograph after IPFT was observed in 80.4% of patients. Chest pain (13.7%) and fever (9.8%) were the most common undesired effects associated with IPFT. A statistically significant reduction in mean intrapleural fluid levels pre- and post-IPFT from 184 ± 81 ml to 67 ± 52 ml was observed. **Conclusion:** IPFT with urokinase is an effective treatment modality in patients with post-tubercular loculated pleural effusions. IPFT has minimal and tolerable undesired effects and prevents sequelae such as pleural thickening and consequent compromise of respiratory function.

کلمات کلیدی:

لینک ثابت مقاله در پایگاه سیویلیکا:

<https://civilica.com/doc/1683459>

