

European Respiratory Society Annual Congress 2013

Abstract Number: 2294
Publication Number: P3102

Abstract Group: 1.4. Interventional Pulmonology

Keyword 1: Pleura **Keyword 2:** Treatments **Keyword 3:** No keyword

Title: When to use fibrinolytics in empyema- are there clear recommendations?

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Body: Parapneumonic pleural effusion (or empyema-EMP) is a common complication of pneumonia, and other diseases in pneumological practice. Chest drainage (CHD) is the best treatment choice for pneumologists. A typical complication is multiloculated and/or encapsulated EMP. CHD is then extended (as well as hospitalisation) and treatment becomes more expensive. Fibrinolysis (FBIS) may be considered a suitable solution. We would like to share our experience with when and why to use FBIS. The aims: benefits of FBIS in EMP treatment. The methods: 48 pts with CHD and FBIS were analysed (A). This cohort was compared with 68 pts with CHD for empyema without FBIS (B). The CHD was performed by a pneumologist after examination by ultrasonography and/or CT. 16 F drain, which was used in all cases. When CHD was ineffective after 24 hrs, then 250,000 IU of Streptokinase was inserted into the pleural space with flushing 100 mL of normal saline. The drain was closed for 4 hours. Production of EMP was recorded. Kruskal-Wallis test was used for statistical analysis. The results: A group: 48 pts, age 55.12±13.95 (32 M), B group: 68 pts (54 M), age 54.61±16.95 (SN). Time of CHD A/B: 8.95±4.54 days /15.94±11.28 (p<0.00019). Benefit FBIS was in A: 43 (89.6%) good, 5 pts were sent for surgical treatment (10.4%). In B: 55 (80.9%) good, 4 (5.9%) bed, 4 (5.9%) sent to surgery, 5 (7.3%) died. Conclusions: FBIS resulted in shorter CHD time. We prefer to use it in pts with ineffective CHD during the first 24 hrs and in healthier pts. It is better to use FBIS in smaller encapsulated empyema. Pts from group A were sent to surgery in an effort to solve complicated empyema. Pts deaths in B group were probably the result of poor health.