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**Title:** The feasibility of medical thoracoscopy in the treatment of multi-loculated pleural effusion

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**Body:** Introduction Optimal surgical procedure must be selected according to empyema stage in the treatment of multi-loculated empyema. However, it is difficult to select the optimal procedure using conventional staging systme. The medical thoracoscopy is an ideal diagnostic tool of pleural disease, we used medical thoracoscopy to evaluate the accurate staging of empyema and to select optimal surgical procedure. Methods 108 patients were transferred to treat multi loculated pleural effusion. The type of surgical procedure was selected according to the empyema stage of American Thoracic Society. Group I (n=44) was staged according to conventional staging system such as onset time, pleural fluid finding and CT findings, and group II(n=64) according to the finding of medical thoracoscopy. Results There was no significant difference of morbidity and mortality between two groups (p<0.05). The 20 closed thoracostomy(45.5%), 6 VATS decortication(13.6%), and 18 open decortication (40.9%) were performed in group I. 16 cases of 18 open decortication were undertaken due to the failure of first treatment (12 closed thoracostomy, 4 vats decortication). In group II, 43 locculation bloken up and closed thoracostomy during medical thoracoscopy (67.2%), 15 VATS decortication (23.4%), and 6 open decortication (9.4%). There was no failure primary procedure. The procedure of group II is significantly lesser invasive and the throacotomy rate is also lower than group I(p<0.05) Conclusions The medical throacoscopy is helpful to decide the optimal procedure in the treatment of multiple loculated empyema. We could decrease the incidence of open thoracotomy to use medical thoracoscopy.