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Title: Intrapleural streptokinase therapy in tubercular pleural effusions – Randomized controlled study

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Body: Background: Tuberculosis (TB) is the most common cause of exudative lymphocytic pleural effusion in India. Residual pleural thickening (RPT) is present in about 50% of patients even after the proper therapy for TB. The present study was done to evaluate the efficacy of intrapleural instillation of streptokinase in the TB pleural effusion and its influence on the incidence of RPT at the end of 1 year. Materials and Methods: Clinical profiles, hospital course and outcome of TB pleural effusion patients at the end of 6 months of anti-TB therapy of 100 patients were analyzed. All the patients were diagnosed by combination of various modalities. These patients were randomly divided into two groups: study group (50) received intrapleural streptokinase via pigtail catheter and control group (50) received intercoastal drainage without streptokinase instillation. All patients received standard anti-TB therapy with 2HERZ/4HR and were followed up for 1 year for any evidence of RPT. Results: Majority of patients were more than 40 years of age with mean ADA of 70IU/L. the mean pleural fluid drainage was 2616 ±126 ml in the study group and 1858 ±93 ml in the control group ($p < 0.0001$). The mean duration of intercoastal drainage in the study group was 3.7 ±0.1 days while it was 5.1 ±0.2 days in the control group ($p < 0.0001$). The incidence of RPT in the study group was less as compared to the control group (2.36 ±0.49mm vs 9.28 ±1.50mm) ($p <0.0001$). Conclusion: Intrapleural streptokinase is successful in increasing the total drainage of pleural fluid and decreased incidence of RPT in TB pleural effusions.