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Title: Utility of closed pleural biopsy in a teaching hospital in Singapore

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Body: Introduction • The yield of closed pleural biopsy is quoted in most studies to be around 90% for pleural TB and 70% for malignancy. Objective • To determine the yield of closed pleural biopsy in our institution and the possible factors affecting the yield. Methods • This was a retrospective study. All pleural biopsies done from 1/6/10 till 31/7/11 were included. Inclusion criteria were subjects with lymphocytic exudative pleural effusion who underwent closed pleural biopsy. All closed pleural biopsies were done under ultrasound guidance either by a respiratory trainee or an interventional radiologist. Results • A total of 50 subjects underwent closed pleural biopsy. The positive yield of closed pleural biopsy in the cohort was 33/50(66%). Out of the 33 positive yield, 17(51.5%) were pleural TB, 6(18.2%) were malignancy and 10(30.3%) were others. The positive yield of pleural TB was 17/26(65.4%), malignancy 6/13(46.2%) and others 10/11(90.9%). 32/50(64%) pleural biopsies were done by respiratory trainees and 18/50(36%) by interventional radiologists. The positive yield of pleural biopsies done by respiratory trainees was 18/32(56.3%) and by interventional radiologists 15/18(83.3%). No difference in the yield of closed pleural biopsy across the ages from 22 to 94 years old ($p=0.85$), male versus female ($p=0.76$), race ($p=0.26$), respiratory trainees versus interventional radiologist ($p=0.067$), TB versus malignancy ($p=0.312$). Conclusion • The yield of closed pleural biopsy was lower compared to most studies in other centers. Age, gender, race, operator experience, TB versus malignancy did not show any significant difference in the yield.