

European Respiratory Society Annual Congress 2012

Abstract Number: 1162

Publication Number: P2401

Abstract Group: 8.1. Thoracic Surgery

Keyword 1: Tuberculosis - diagnosis **Keyword 2:** Infections **Keyword 3:** Epidemiology

Title: TB empyema

Abdolhossein 8166 Davoodabadi davoodabadi28ab@yahoo.com MD , Hassan 8167 Adeli Hassanadeli@yahoo MD and Ebrahim 8168 Razi ebrahimrazi@yahoo.com MD . ¹ Surgery Department, Kashan Medical University, Kashan, Islamic Republic of Iran ; ² Pulmonology Department, Qum Medical University, Qum, Islamic Republic of Iran and ³ Pulmonology Department, Kashan Medical University, Kashan, Islamic Republic of Iran .

Body: Background Parapneumonic effusion mostly is resolved with medical management but sometimes became complicated. We studied the etiology and possible underlying causes of it. **MATERIALS AND METHOD** study on 81 patients with postpneumonic empyema which required decortication carried out. in Kashan, Shahid Beheshti General Hospital, from Oct 2007to Des 2011, Management of patients such as appropriate antibiotic, and thoracostomy tube drainage was done in internal medicine ward. Complicated cases were referred to us for thoracotomy and decortication. Sex, age, occupation, possible risk factors, surgical methods, pathological results and complications were considered. 43of the patients underwent posterolateral thoracotomy, and the rest by VATS, complete evacuation of fibrin clots, septae, necrotic tissue, fluid from the pleural cavity and fully expansible lung was achieved. Results Patients' age ranged from 17 to 76 with a mean of 46 years.F/M was 5:1 The most common clinical findings were fever (88%), pleural dull pain (81%), productive cough (74%) and dyspnea (71%). PPD test was negative in all patients. ESR(25-50)=72%and tee rest>100.In 78%, white cell count was normal; in remainder it was more than 11.000. Bacteriological findings were negative and acid fast basili were not detected. Tissue diagnosis after decorticating showed tuberculosis in 20(24%) patients and necrotic tissue in remainder. Morbidity rates were acceptable and there was 2late mortality. **CONCLUSION:** in parapneumonic effusion not responding to standard treatments, tuberculosis as an underlying cause must be considered, specially in addicted patuents, or ESR >100. Once medical therapy is seemed to have failed, early VATS or thoracotomy and decortication is recommend. This may identify underlying causes.