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**Title:** Blind pleural biopsy in the diagnosis of pleural tuberculosis

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**Body:** Introduction: Pleural tuberculosis (TB) is often a non confirmed diagnosis, based on biochemical or histological criteria. Objectives: Clinical and demographic characteristics associated with a diagnosis of pleural TB. Value of blind pleural biopsy (PB) in the investigation of pleural effusions and its contribution to the TB confirmation or exclusion. Methods: Retrospective analysis of patients submitted to blind PB in a 6-year period. Clinical and demographic data, characteristics of pleural fluid and results of PB were reviewed. Biochemical criteria: ADA >70 U/L and lymphocyte/neutrophil ratio >0.75 in pleural fluid. Results: We performed a total of 272 PB in 240 patients, 65,1% male with a median age of 67 years. 69 cases were excluded because of incomplete study. In multivariate analysis patients who were younger ( $p<0,001$ ), had fever ( $p=0,001$ ) and with unilateral pleural effusion ( $p=0,04$ ) had higher risk of having a pleural TB. Final diagnosis of pleural TB was established in 39/203 cases (19,2%). In the 22 cases with biochemical criteria of pleural TB, one had another diagnosis (lymphoma). In the 181 cases without biochemical criteria, the diagnosis of pleural TB was established in 18 cases (9,9%): PB identified granulomas in 9, contributing yet to another diagnosis in 35 (19,3%). The sensitivity, specificity, PPV and NPV of the biochemical criteria for the diagnosis of pleural TB was, respectively, 52,9%, 97,6%, 81,8% and 91,2%, and the combination of PB with biochemical criteria was, respectively, 79,4%, 97,6%, 87,1% and 95,9%. Conclusion: In this sample, the performance of blind PB associated with the analysis of pleural fluid obtained a good sensitivity and excellent specificity for the diagnosis of pleural TB.