

Study examines treatments for relieving breathing difficulties among patients with lung effusions

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Helen E. Davies, M.D., of the University Hospital of Wales, Cardiff, and colleagues compared the effectiveness of treatments to relieve breathing difficulties among patients with malignant pleural effusion (presence of fluid in the pleural cavity [space between the outside of the lungs and the inside wall of the chest cavity], as a complication of malignant disease). The treatments compared were chest tube drainage and talc slurry for pleurodesis (a procedure in which the pleural space is obliterated) vs. indwelling pleural catheters (IPCs).

Malignant pleural effusion causes disabling dyspnea ([breathing difficulties](#)) in more than 1 million people worldwide annually; patients have an [average life expectancy](#) of 4 months. "There are no robust clinical data to address which of these treatments is more effective at palliating symptoms and improving quality of life," the authors write. "Indwelling pleural catheters are increasingly used as an alternative treatment to talc pleurodesis."

The [randomized controlled trial](#) compared IPC (n = 52) and talc slurry for pleurodesis (n = 54) for patients with malignant pleural effusion who were treated at 7 U.K. hospitals. Patients were screened from April 2007-February 2011 and were followed up for a year. The researchers found that there was no significant difference between groups in dyspnea in the first 42 days after intervention. Indwelling pleural catheters reduced time in the hospital but were associated with an excess

of adverse events. "As such, IPCs cannot be advocated as a superior treatment to talc pleurodesis for palliation of symptoms," the authors write.

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