

New guidelines address care for malignant pleural effusions

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(HealthDay)—New clinical practice guidelines for the management of

malignant pleural effusions were published in the January issue of the *Annals of the American Thoracic Society*.

Chakravarthy B. Reddy, M.D., from the University of Utah in Salt Lake City, and colleagues representing the American Thoracic Society, Society of Thoracic Surgeons, and Society of Thoracic Radiology conducted a systematic literature review to develop [clinical practice guidelines](#) for the management of malignant pleural effusions.

The recommendations call for ultrasound imaging to guide pleural interventions and advise against therapeutic pleural interventions in [asymptomatic patients](#). In symptomatic patients, large-volume thoracentesis is recommended to assess lung expansion. For patients with an expandable lung, no prior definitive therapy, and symptoms attributable to the effusion, indwelling pleural catheters (IPCs) or chemical pleurodesis should be used as a first-line definitive intervention. The use of IPCs over chemical pleurodesis is called for in symptomatic patients with a nonexpandable lung, failed pleurodesis, or loculated effusion. The use of either talc poudrage or talc slurry is recommended in symptomatic patients with an expandable lung undergoing talc pleurodesis.

"Because the average survival of [patients](#) with MPE is four to seven months, treatment should aim to relieve dyspnea in a minimally invasive manner and prevent the need for multiple procedures," the authors write.

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