

Profile of malignant pleural effusion: experience of the Pulmonary Department of ANNABA University Hospital Center

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P-182

BACKGROUND

Malignant pleural effusions (MPE) are extremely common, affecting up to 15% of all cancer patients¹. MPE is expected to become more prevalent as global cancer incidence rises, affecting 660 people per million, resulting in more than 1 million people affected globally and an increasing health burden². MPE usually indicates advanced or metastatic disease, with a low survivor rate ranging from 3 to 12 months depending on the underlying patient and tumour characteristics³.

OBJECTIVES

The current study's aim is to outline the clinical and epidemiological features of malignant pleural effusions treated at Annaba University Hospital's pulmonary department.

MATERIELS & METHODS

A retrospective study of all patients treated on duty for malignant pleural effusion between January 2020 and August 2021. Anamnestic, clinical, paraclinical, and therapeutic data were collected from each patient's medical records.

RESULTS:

47 patients were included in our study. Table 1 shows the baseline variables

Baseline variables	All patients n= 47
Sex, n	
Men	17
women	30
Age (years), median (IQR)	65 (57-72)
Smokers (current & former) n	12
Packyears, median (IQR)	50 (28-75)
Comorbidities, n	21
Cardiovascular diseases	18
Diabetes	08
Chronic pulmonary diseases	03
≥ 2 comorbidities, n	09
Known Primary malignancy , n	35
Number of months after the primary malignancy, median (IQR)	15 (12-36)

Table 1 shows the baseline variables. IQR: Interquertil range

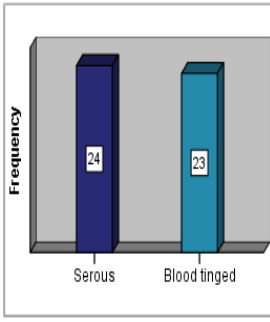


Fig. 2 . Macroscopical pleural effusion appearance

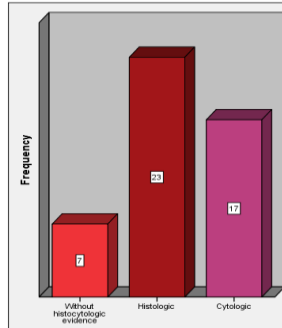


Fig. 3 . Diagnostic evidence's tools

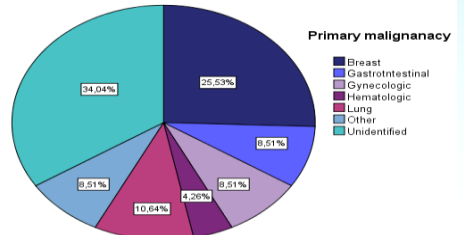


Fig. 1 . Proportion of malignant pleural effusions (MPE) caused by various primary malignancies

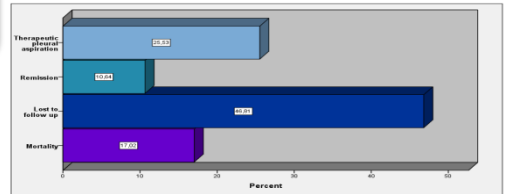


Fig. 4 . Patient's evolution

CONCLUSION

The treatment of malignant pleural effusion involves the use of proper diagnostic tools, which including immunohistochemistry. The focus of treatment is mainly palliative and targeted relieving symptoms. Furthermore, while breast cancer and bronchopulmonary carcinoma dominate the etiological profile, preventative and early detection approaches must be optimised, particularly during pandemics when patients avoid hospital visits.

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