Empyema thoracis in the Saolta University Health Care Group: has the Covid-19 pandemic led to earlier detection?

Gráinne Keehan[1], Jack Whooley[1], Alan Soo[1]

Department of Cardiothoracic Surgery, Galway University Hospital

Pleural empyema remains a significant healthcare burden associated with substantial morbidity and mortality. Early recognition and triage down appropriate pathways is central to patient outcomes in this complex disease process. Despite optimal medical therapy however, some patients may fail to improve and require surgical intervention.

The aim of this study was to review whether the distribution and determinants of pleural empyema requiring decortication have changed since the onset of the Covid 19 pandemic.

This single-centre retrospective observational study was conducted between June 2016 and June 2022. Patients that met the inclusion criteria (n=46) where stratified into those that underwent decortication for empyema between June 2016-June 2019, and those that underwent decortication between July 2019-June 2022.

A reduction in the number of patients presenting with pleural empyema requiring decortication around or after the onset of Covid-19 was noted, compared to the previous 3-year period (*n=16 vs. n=30*). Mean-time from initial diagnosis to referral to a cardiothoracic centre was also reduced *(16.31 vs. 21.68 days).* In addition to this, a greater proportion of patients in the July 2019-June 2022 were eligible for a VATS decortication *(18.75% vs. 3.33%)*

This study suggests that empyema is being detected earlier since the onset of Covid-19.