

## 9.12 Malignant pleural effusion: A drain on resources?

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**Conflict of Interest:** The authors declare that they have no conflict of interest.

**Background:** Malignant pleural effusions affect approximately 15% of all cancer patients and are associated with significant morbidity. Management can vary widely depending on symptom burden, prognosis, local expertise and patient preference. Recently, Indwelling pleural catheters (IPCs) have emerged in the treatment of these patients; improving symptoms with a good safety profile and increased rates of pleurodesis.

**Methods:** We retrospectively collected data on 43 patients with confirmed malignant effusions over a two year period (2021-2022) in Tallaght University Hospital.

**Results:** Primary sites included lung, ovarian, breast, gastric, pancreatic, oesophageal and renal. Initial procedures included diagnostic tap (n=6), therapeutic tap (n=3), intercostal catheter (n=32) and IPC insertion (n=2). 27.9% patients underwent a repeat ipsilateral procedure while 7% required two or more repeat procedures. Indications for repeat intervention included poor drainage, fluid reaccumulation and progressive symptoms. Of the repeat procedures ten were repeat intercostal drains and five were IPC insertion. This resulted in a second hospital admission in one third of cases. One patient had talc pleurodesis administered through an ICC. One IPC patient developed a pleural infection requiring intrapleural fibrinolysis.

**Conclusion:** From a healthcare burden point of view, IPCs can potentially limit repeated procedures, length of stay (LOS) and hospitalisation and in the right setting early insertion should be considered.