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| **Intrapleural Fibrinolytic Therapy Outcomes in a regional NSW hospital** |
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| **Introduction/Aim:** Intrapleural fibrinolytic therapy (IPFT) with alteplase and dornase for pleural infections has been shown to improve pleural fluid drainage, reduce the need for surgical intervention and shorten the duration of hospital stay.[1] Dubbo Base Hospital (DBH) is a regional referral hospital servicing Western NSW. Given the lack of cardiothoracic surgery services in DBH, all complex pleural infections are treated initially with IPFT. We aimed to assess the efficacy and safety of IPFT performed in our centre.**Methods:** A retrospective analysis was performed on all patients who received IPFT between June 2020 and June 2023. Outcomes analysed included reduction in pleural opacity on chest radiograph, need for cardiothoracic referral, duration of hospital stay, mortality and adverse effects.**Results:** There were 25 patients who received IPFT for pleural infections. The mean reduction in pleural opacity on chest radiograph was 25.8±19.3% of the hemithorax (SD). 2 patients (8%) required transfer to a cardiothoracic service for further management. 1 of these 2 patients (4%) had significant pleural bleeding requiring vasopressors, early cessation of IPFT and transfer. Chest pain was a common side effect of IPFT (11/25, 44%). 1 patient (4%) died from recurrence of pleural infection contributing to respiratory failure. 24 patients (96%) had complete radiographic resolution of their pleural infection, with 1 patient lost to follow up. Median length of stay following IPFT was 6 days (range 3-34 days). None of the patients required repeat pleural procedures after discharge from hospital.**Conclusion:** IPFT is an effective therapy for the treatment of complicated pleural infections. Our outcomes are largely in keeping with published literature.**Grant Support:** Nil**References:**1. Rahman NM, Maskell NA, West A, Teoh R, Arnold A, Mackinlay C, et al. Intrapleural Use of Tissue Plasminogen Activator and DNase in Pleural Infection. New England Journal of Medicine. 2011 Aug 11;365(6):518–26.
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