Respiratory problems on the acute take: pleural disease and acute dyspnoea

Stevenson and Simpson provide an interesting insight on pleural disease (Clin Med June 2008 pp 288–91). However, I do not agree with some contents. Firstly, pneumonia, rather than malignancy, is the most common cause of exudates effusion.1,2 Secondly, not all effusions require aspiration of pleural fluid, those having small bilateral effusions with clinical feature of congestive heart failure could be treated with diuresis and observation.1 Thirdly, pleural infection is not synonymous with empyema.2 Using empyema in the brackets next to pleural infection could mislead the audiences to believe that both words are identical.

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References

In response

We thank the author for his comments. Parapneumonic effusions are the most common cause of an exudative pleural effusion in young patients. In patients over the age of 60 years, however, malignancy is the most common cause.1

The article particularly mentions that the treatment of a transudative pleural effusion should be aimed at the underlying cause. We agree with the comments regarding treatment of congestive heart failure where the diagnosis is often secure. However, in cases of uncertainty, it is necessary to perform diagnostic pleural aspiration.

Pleural infection is characterised by an effusion with a positive Gram stain/culture or frank pus.2 The development of pleural infection is a continuum ranging from simple effusions to frank empyema. The use of the term empyema in parentheses was intended to clarify the subsequent epidemiological data.

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References