

Closed Pleural Biopsy is Effective and Safe but Needs Addition of Ultrasound Thorax

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Dear Sir,

I read the article published in your journal by Dole et al., "Diagnostic yield and safety of closed pleural biopsy in exudative pleural effusions." It provided good insights in the use and yield of the technique in both malignant and nonmalignant conditions. I would like to add the following comments.

The authors have mentioned that the site for pleural biopsy was chosen with careful clinical and radiological correlation in the study population. The imaging modality that the patients had before the biopsy was not mentioned. Whether all the patients were subjected to computed tomography (CT) before the pleural biopsy was not explained clearly in the methodology. CT, compared to chest roentgenogram, clearly has an advantage in choosing sites for biopsy as it can delineate pleural nodularity sites with precision.

The authors have mentioned the usage of ultrasound only for loculated pleural effusion, but it has been shown that ultrasound guidance improves the yield of closed biopsy by identifying abnormal areas, especially in malignant pleural effusions where the pleural involvement usually is not diffuse, and a blind biopsy might not sample the involved areas leading to poor diagnostic yield.¹ Clinical practice guideline recommends the addition of ultrasound for pleural interventions.^{2,3}

The diagnostic yield of a test is defined as the likelihood of the test resulting in a diagnosis.⁴ The numerator has to have biopsies resulting in specific diagnosis and the denominator should include the total number of biopsies carried out in the study.⁴ The authors have calculated the overall diagnostic yield of the study to be 78% as they have excluded 13 patients where the sample was inadequate. The yield should include those patients also and should have been 66% (67/101).

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