



Malignant pleural effusion—still an actual issue

With the widespread use of video-assisted thoracic surgical procedures, the focus of the clinicians in patients with malignant pleural effusion (MPE) moved from diagnostics to most efficient therapeutic options that are expected to provide both a survival benefit and quality of life. The decision-making process in practice is influenced by different causes of MPE—primary lung cancer, extrathoracic malignancies or pleural mesothelioma.

Faced with these patients groups, practicing physicians are faced with the need to subdivide these groups: in patients with lung cancer to assess whether the effusion is caused by pleural carcinosis (in which case surgery is not an option) or not, in patients with MPE and mesothelioma to perform a meticulous selection for one of possible surgical options vs. nonsurgical treatment, whilst in patients with extrathoracic malignancies, the main task is to select a suitable palliation of the usually rapidly accumulating fluid.

Despite all advantages of modern imaging procedures, ultrasound-guided interventions, and VATS, in patients with trapped lung diagnostics and treatment may be difficult. Although different techniques of pleurodesis are well documented, their application in practice is highly individualized, requiring their optimal combination with best available oncological treatment and/or best supportive care.

In brief, although the MPE is not a top priority in thoracic surgical and oncological community as, for example, the role of VATS segmentectomy *vs.* VATS lobectomy in patients with early lung cancer, having in mind a high number of patients with MPE worldwide, the updated knowledge about optimal diagnostic and therapeutic approach in these patients still remains actual in clinical practice.

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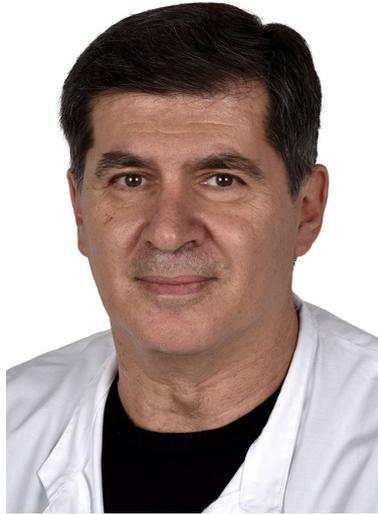
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