5.11 “Benign” Pleural Effusions are associated with significant morbidity and mortality

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Background: Malignant pleural effusion is recognised to have a short prognosis. Recent data has shown that benign effusions are also associated with poor outcomes.

Methods: We obtained all pleural fluid cytology reports at Tallaght University Hospital from January 2022 to January 2023. A final diagnosis was determined for all cases and outcomes were analysed including length of stay (LOS) and mortality.

Results: Pleural fluid cytological assessment was performed on 129 samples of which 18 were confirmed malignant and 26 were determined to be malignant based on further investigations. Of 85 patients with benign pleural effusions (mean (SD) age 86.5 (14.1) years, 30 female), infection (n=36) and congestive cardiac failure (CCF) (n=18) were the most common diagnoses. Length of stay was highly variable (median [IQR] 19 [9-41] days) with only three outpatient procedures performed. At 12 months follow up, 25% of patients had died. CCF accounted for 21% of benign effusions overall, but 66% of deaths at 18 months. Of patients with parapneumonic effusion, 25% had died by 18 months.

Conclusions: Irrespective of the underlying cause, the presence of a pleural effusion is associated with high morbidity and excess mortality. Presence of pleural effusion should alert clinicians to potential poor prognosis.