

### 5.15 LYMPHOCYTIC Pleural Effusions: AETIOLOGY AND FREQUENCY in UNIVERSITY HOSPITAL LIMERICK

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**Background** Lymphocyte-predominant pleural effusions frequently appear in pleural fluid analyses. Diagnosing these effusions usually involves clinical evaluation, imaging, and thoracentesis. Despite thorough investigation, 15-30% of these effusions remain idiopathic. The most common causes are tuberculosis (TB) and malignancy, but other potential causes include rheumatoid arthritis, chylothorax, yellow nail syndrome, sarcoidosis, and uremia. Given the diverse differential diagnoses, a thorough understanding is essential.

**Methods:** We defined lymphocyte-predominant pleural effusion as an exudative effusion with lymphocytes constituting over 50% of the total white cell count. We retrospectively reviewed patients from University Hospital Limerick who had US-guided thoracentesis between July 7, 2024, and July 7, 2024. **Results:** Out of 76 patients who underwent US-guided thoracentesis, 17 had transudative effusions and were excluded. Of the 59 patients with exudative effusions, 39 had lymphocytic pleural effusions: 16 were malignant, 2 had empyema, and 21 were nonspecific. **Conclusion:** Lymphocytic pleural effusions are common and often nonspecific. These cases require diligent follow-up, including repeat thoracentesis and imaging every 3 months initially, then every 6 months, as nonspecific effusions reveal diagnosis upon later investigations