A new technique of thoracoscopic pleurodesis for refractory hepatic hydrothorax.

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Abstract:

Background: Hepatic hydrothorax is defined as a pleural effusion that arises in patients with cirrhosis of the liver and no cardiopulmonary disease; it is believed to result from peritoneopleural communication through a defect in the diaphragm. Methods: Nine patients underwent thoracoscopic pleurodesis. The diaphragmatic defect was detected and corrected in two cases. In all patients, an argon beam coagulator was applied to the diaphragm surface, which was then completely covered with bioabsorbable prostheses. We then spread 3 ml of fibrin glue on the covered diaphragm and sprinkled 5 KE of OK-432 and 100 mg of minocycline hydrochloride in the thoracic cavity. Results: All patients showed clinical improvement. The pleural effusion and breathlessness resolved immediately after pleurodesis. There were two recurrences after 1 and 4 months, respectively. One of these patients improved after repeat pleurodesis; the other was treated conservatively. Conclusion: Our new technique of thoracoscopic pleurodesis is an effective and minimally invasive treatment for patients with refractory hepatic hydrothorax.