



AB176. 108. Contemporary management of empyema: a comparison of medical and surgical management

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Background: Thoracic empyema was traditionally treated with open thoracotomy and decortication with the goals of controlling sepsis and allowing lung re-expansion. With the advent of pleural fibrinolytic agents and thoracoscopic surgery there are less invasive measures available. There is no consensus in the literature on best management. This study sought to assess the management in our centre and compare outcomes.

Methods: A retrospective case review of all patients treated

for empyema at Fiona Stanley Hospital was completed. Empyema presentation, patient co-morbidity, treatment strategy and patient outcomes were investigated.

Results: A total of 187 patients who received treatment for empyema were identified. 92% were treated with tube thoracostomy, 20% with fibrinolysis and 32% with open decortication. Decortication was associated with a higher likelihood of complete lung expansion odds ratio (OR) 1.56, but with 4 days longer hospital stay. There was no difference in rates of sepsis control or complications.

Conclusions: This study suggests tube thoracostomy, fibrinolysis and decortication achieve similar rates of sepsis control in patients with empyema. There is also a suggestion that operative management with decortication improves rates of lung re-expansion compared to anti-fibrinolytic therapy.

Keywords: Empyema; decortication; fibrinolysis; outcomes

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