



SUCCESSFUL TALC PLEURODESIS IN TWO PATIENTS WITH REFRACTORY TRANSUDATIVE PLEURAL EFFUSION CAUSED BY AMYLOIDOSIS AND HEART FAILURE

VUKIĆ T.¹, Janković Makek M.⁴, Rnjak D.¹, Đubur F.³, Glodić G.³, Ljubičić L.¹, Pelicarić D.¹, Miculinić N.⁴, Krpina K.², Čulina D.¹, Hećimović A.¹, Moćan A.⁴, Štajduhar A.¹, Pevec M.³, Puretić H.³, Samaržija M.^{1, 2, 3, 4}, Madžarac G.⁵, Mihelčić Korte D.², Batarilo Hađar M.¹

¹ Klinika za plućne bolesti Jordanovac, Zagreb, Croatia
Odjel za intersticijske bolesti i transplantaciju pluća

² Klinika za plućne bolesti Jordanovac, Zagreb, Croatia
Odjel za tumore sredoprsja

³ Klinika za plućne bolesti Jordanovac, Zagreb, Croatia
Odjel intenzivne i postintenzivne skrbi

⁴ Klinika za plućne bolesti Jordanovac, Zagreb, Croatia
Odjel za bolesti plućne cirkulacije

⁵ KBC Zagreb, Zagreb, Croatia
Klinika za torakalnu kirurgiju

Objective:

INTRODUCTION



Talc pleurodesis is an effective treatment option of malignant pleural effusion, but is less widely accepted in the treatment of patients with refractory benign pleural effusion. Pleural effusions develop in 1-2% of patients with systemic amyloidosis and appear to be caused by pleural infiltration with amyloid deposits and/or cardiac disease. Here, we present two patients with refractory benign transudative pleural effusion, successfully treated by talc pleurodesis.

CASE REPORT 1

In 2019, a 47-year-old man complaining of exertional dyspnea was diagnosed with restrictive cardiomyopathy caused by familial amyloidosis. Despite optimal cardiac management and treatment with tafamidis, his dyspnea worsened due to the development of a refractory right sided transudative pleural effusion in 2020. With time, the need for repeated thoracocenteses increased to almost once a week in August 2021. Hence, in September 2021, we decided to place a pleural catheter with the intention of doing talc pleurodesis when fluid drainage drops below 200ml in 24h. After more than two weeks of continuous drainage, the first attempt of pleurodesis failed and the amount of pleural effusion increased again. This was further complicated by a pneumothorax caused by another thoracocentesis. After some consideration, we decided to reinsert the pleural catheter and opt for another pleurodesis few days later. This time, the procedure was successful, and the patient has been stable ever since.



CASE REPORT 2

A 59-year-old man was evaluated for dyspnea and cough with mediastinal lymphadenopathy and restrictive cardiomyopathy. Extensive work-up confirmed multiple myeloma and amyloidosis. He was treated by CyBorDEx protocol, and has been on maintenance therapy with bortezomib since achieving remission in December 2020. In the meantime, his respiratory condition worsened due to the development of refractory right sided transudative pleural effusion, most probably a consequence of heart failure due to amyloidosis. Given the increased frequency of needle thoracocenteses, we decided to place a pleural catheter in March 2022. After a week, the daily fluid production dropped to <150 ml, and talc was inserted resulting with a successful pleurodesis. The patient is now stable, without clinical or radiological signs of fluid accumulation.

CONCLUSION



It is still unclear how to manage patients with refractory nonmalignant pleural effusion. Pleural drainage followed by talc pleurodesis may be a useful tool in the management of selected patients.