

Pleuroscopy – Early Malaysian Experience

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Pleuroscopy / medical thoracoscopy

- Not new
- Earlier physicians have performed pleuroscopy / medical thoracoscopy using flexible fibreoptic bronchoscopes.
 - *“He claims he has been doing pleuroscopies for the past 10 years. He puts in the bronchoscope via a chest tube and he claims that he has taken 80% of his biopsies from the lung with no problems. Some food for thought there”.*
- Safety?

Introduction in Malaysia

- Physicians trained abroad exposed to new technologies, specific training abroad to learn.
- Realisation of limitations of closed pleural biopsies
 - Sensitivity for TB: histology, culture and combined was 66, 48 and 79% respectively ¹
 - Missed or delay diagnosis?
 - Inevitable referral to thoracic surgeons; more delays.
 - Improvement after introduction of pleuroscopy
 - Sensitivity for TB: histology, culture and combined was 100, 76 and 100% respectively ¹

Acquisition procedure

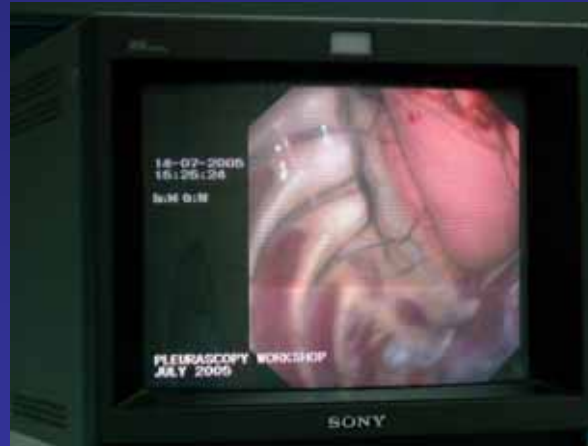
- Interested parties
- Budget
- Application
- Waiting....

First experience

- HUKM started on its first patient in November 2004.
 - Two chest physicians went to a course in France in June 2003.
 - Acquisition process started soon after.
 - Equipment arrived after 1 year. First patient 9th November 2004.
 - 18 patients up to July 2007
- Evolution of technique
- Learning curve
- Trepidations, joy & frustration.
- Expected findings and surprises

Training

- Workshops:
 - Singapore January 2005
 - Locally:
 - UMMC July 2005
 - Penang July 2006



Trepidations!



Joy!



Frustration!





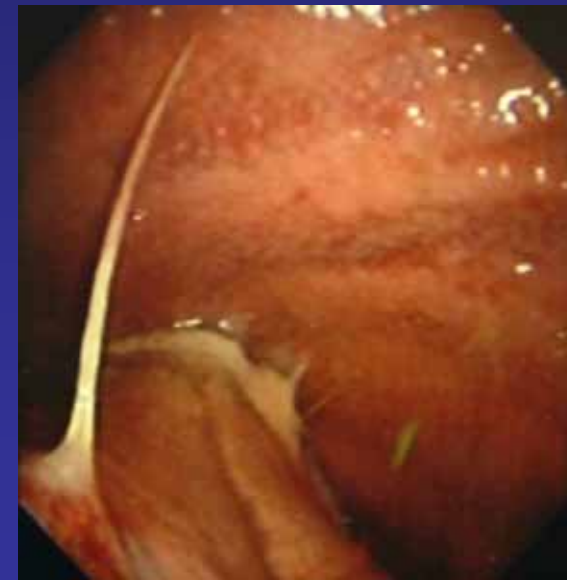
Awe



Sadness



Why do you smoke ?!



Hmm... scratching my head

Pleuroscopy – ability to do more



Other centres

Centres	Date started	Patients up to 30 th May 2007
Penang	May 2006	9
Kota Kinabalu	September 2006	63
Kuantan	October 2006	13
IPR, KL	April 2007	2
Kuala Terengganu	NA	NA
Alor Setar & UMMC	Awaited	

Pleuroscopy

- Main indications:
 - Unexplained exudative pleural effusion
 - Evacuation of empyema
 - Pleurodesis (malignant pleural effusion, pneumothorax)
- Ease by which to learn technique
- Very few patients refused to have pleuroscopy

Pleuroscopy – problems/complications

- No immediate or short term mortality in 101 patients nationwide
- Complications – mild:
 - Pain
 - Subcutaneous emphysema
 - No wound site infection

Pleuroscopy – diagnoses

- TB, malignancy

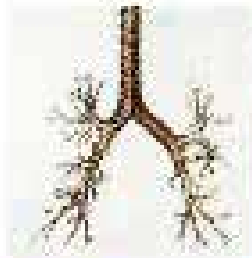
Pt	CPB	Spt smear	Spt Culture	Pleural Asp Smear	Pleural Asp culture	CPB - HPE	Pleural Asp - PCR	PLEURO - PCR	PLEURO - Culture	PLEURO - HPE
1	No	Neg	Neg	Neg	Neg	-	Neg	Neg	Neg	CGI
2	No	Neg	Neg	Neg	Neg	-	Neg	Positive	Neg	Neg
4	Yes	Neg	Neg	Neg	Positive	Neg	Neg	Neg	Neg	Neg
11	Yes	Neg	Neg	Neg	Neg	Neg	Neg	Positive	Neg	Neg

Pleuroscopy - Problems unique to Malaysia

- Red tape
- Not enough resources:
 - Manpower (leaving public service)
 - Lack of enthusiasm and lack of support for audit and research

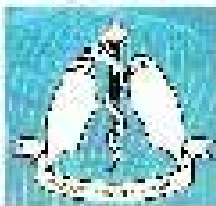
Pleuroscopy – future direction

- Greater use of pleuroscopy
- Refined technique and more indications
- Collaboration between centres nationwide and with international centres



Kota Kinabalu, Sabah, September 12-13, 2007

Interventional Bronchoscopy course



Course Director:
Dr. Jamalul Azizi Abdul Rahman

Guest of Honour:
Dr. Pyng Lee, MD

Acknowledgement

- Malaysian Thoracic Society
- Interested and enthusiastic Malaysian chest physicians:
 - Prof Liam, Dato' Dr Razak, Dr. Chin, Dr. Ashari, Datin Dr. Aziah, Prof Roslina, Prof Roslan, Dr. Faizal, Dr. How, Dr. Jamalul, Dr Kannan, Dr. George and others I may not have mentioned.
- Our Singaporean friends from Singapore General Hospital and Tan Tock Seng Hospital
- Our patients
- Our support staff

Thank you

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