Review of: "Chemical Pleurodesis in Palliative Setting: A Brunei Experience"

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Potential competing interests: No potential competing interests to declare.

The design is not optimal, it is only a retrospective study.

The number of the patients included is comparatively low.

There is only CXR or CT scan for control of pleural effusion. Ultrasound is coming without radiation and is bedside easily usable. Additionally, it is very sensitive. I miss that point in the discussion.

The most favored substance for chemical pleurodesis is talcum. The most recommendations favor talcum too. Talcum can be administered via chest tube too as slurry. Talcum even as slurry has much higher success rates and long-lasting success around 90%, much higher than bleomycine. What is the reason for using bleomycine? There are even not more complications with talcum!

Even the indwelling catheter could be an option for pleurodesis in a palliative setting. The indwelling catheter can be inserted under local anesthesia like a pleural drainage. There is no need for a VATS, when the catheter is inserted. Even without a chemical pleurodesis, the indwelling catheter alone can induce pleurodesis in a palliative setting in up to 70%, but it may need a longer time. Even over the indwelling catheter talcum can be administered to induce pleuroesis with higher success and faster.

Medical thoracoscopy and VATS are more invasive but come with the highest success. But it cannot be done bedside. This should be discussed.

The literature list is comparatively old and does not include important papers and recommendations.

Some literature:

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