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Title: Role of medical thoracoscopy in diagnosis of recurrent undiagnosed pleural effusion

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Body: Background: The urge for the resurgence of thoracoscopic techniques came essentially from the depressive situation of chronic exudates not diagnosed in 20-40% of cases after using the ordinary diagnostic methods. Methods: This study comprised 20 cases with exudative pleural effusion, all of them were subjected to full history taking, clinical examination, laboratory investigations, radiological examination (chest x- ray and CT), abdominal US, chest US if needed, tuberculin test, sputum for AFB, ABG and ECG. For all patients, pleural tapping and biochemical, cytological, bacteriological and immunological examinations for the pleural aspirates, as well as blind Abrams needle pleural biopsy and histopathological examination were done. The etiologic diagnosis of pleural effusion was not settled after all these investigations, and thus, medical thoracoscopy, under local anesthesia, was carried out for each patient. Results: The mean age of patients was 57.6 years. The diagnosis was achieved in 85% of cases, while 15% of cases diagnosed as non specific pleuritis. The result of biopsies were 65% malignancy (20% mesothelioma, 35 % metastatic adenocarcinoma, 5 % of either lymphoma or thymoma), and 35% of cases were nonmalignant, 15% undiagnosed, 10% TB, 5% of either empyma or RA). 20% of cases had complication in the form of 10% malposition of the intercostal tube and 5% of either hematoma or infection at the site of tube entry. Conclusion: Medical thoracoscopy, under local anesthesia and conscious sedation, is an effective procedure for diagnosing the underlying etiology of recurrent pleural effusion of unknown etiology, with minimal complications.