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Title: Iodopovidone: An effective agent pleurodesis used through chest tube

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Body: Background: Most variety of pleural irritants have been used for pleurodesis, the ideal agent should produce pleurodesis effectively, safely, and in shortest possible time. Objectif: Compare efficacy and safety of iodopovidone used through chest tube to other agents used via thoracoscopy. Patients and methods: Fifty six patients (35 men and 21 women) with malignant pleural effusion (n=40) or pneumothorax (n=10) aged from 5 to 76 years, were distributed into 2 groups: - G1: 40 patients treated with injecting iodopovidone 3 successively days (20 ml iodopovidone + 30 ml saline solution) via chest tube - G2: 16 patients had pleurodesis through thoracoscopy using talc. Results: Time to pleurodesis was similar in 2 groups (8+/- 3 vs 6+/- 2 days). As the mean length of hospitalization (31,13 +/- 22 vs 27,4 +/- 15 days) and mean length of drainage (8,8 +/- 6,1 days vs 10,6 +/- 8,1 days), there is no statistically difference in the 2 groups. A complete response with no recurrence was similar in 2 groups obtained in 44 (78,5%) of cases. After instillation of the sclerosing agent, intense cough and dyspnea were noted only in G1 (n= 3), and 2 patients had systemic hypotension and intense pleuritic pain. Local complications were observed in 10 cases (18%) with no statistically difference in 2 groups: pneumothorax (n= 7) and empyema (n= 3). Chest pain evaluated with visual scale measurement after removed tube was similar in 2 groups. As the mean length of follow-up, there is no statistically difference (5 +/- 2.9 and 6,3 +/- 1,8 months). Conclusion: Iodopovidone is an effective, safe, cheap, easily available alternative to achieve chemical pleurodesis in cases of recurrent, incapacitating effusions, regardless of etiology.