

Letter

Should central venous catheters be used to drain pleural effusions?

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We read with interest the article by Singh and coworkers [1] describing the use of central venous catheters to drain pleural effusions.

We agree that the use of small-bore catheters has a number of advantages compared with repeated thoracentesis or the use of traditional large-bore drains inserted by blunt dissection. Indeed, recent guidelines [2] support the use of smaller bore tubes (8–14 Fr; except for haemothorax) in both pleural effusions and pneumothorax.

However, we have reservations regarding the routine use of central venous catheters to drain pleural effusions. Several manufacturers (including the Sims-Portex Seldinger Chest Drainage Kit and Cook Quick-Thal Chest Tube) have specific chest drainage systems that take advantage of the Seldinger dilator over a wire method of insertion. These have the advantage of having a number of side ports (two to four), which reduces the possibility of blockage by debris, and they are available in a range of sizes (8–36 Fr).

While we applaud innovation, in today's medico-legal climate it is surely wiser to use specifically designed equipment if it is available.

References

1. Singh K, Loo S, Bellom R: **Pleural drainage using central venous catheters.** *Crit Care* 2003, **7**:R191-R194.
2. Laws D, Neville E, Duffy J, on behalf of the British Thoracic Society Pleural Disease Group: **BTS guidelines on the insertion of a chest drain.** *Thorax* 2003, **Suppl II**:ii53-ii59.