THE ROLE OF PLEURAL FLUID DRAINAGE CATHETER PLACEMENT IN PATIENTS WITH GYNECOLOGIC MALIGNANCIES

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Objectives Many individuals with gynecologic malignancies suffer symptoms related to malignant pleural effusions that improve with drainage. The objective of this study is to review a single institution’s experience with pleural fluid drainage catheter placement in these patients.

Methods Adult patients with a confirmed gynecologic malignancy who underwent catheter placement from 2010–2020 were identified, and clinical data was extracted for analysis.

Results Chart review identified 63 patients, the majority of whom were diagnosed with ovarian cancer (63%). 89% of patients had unilateral catheter placement. Pulmonologists placed the plurality (40%) of catheters, with the remainder placed by thoracic surgeons or interventional radiologists. Median time from cancer diagnosis to catheter placement was 25 months. 41% of patients had already received 4+ lines of chemotherapy at the time of placement, and 17% had goals of care focused on comfort at placement. Only 16% of patients in the cohort experienced complications related to their catheters, with the most common complications being infection and pneumothorax. 35% of patients had documented catheter removal, with minimal ongoing drainage being the indication for the majority of patients. 84% of the cohort was deceased at the time of data collection. Median survival time following catheter placement was 3 months.

Conclusions While many patients with symptomatic malignant pleural effusions from gynecologic malignancies opt to undergo drainage catheter placement while pursuing treatment, the overall prognosis for this group appears limited, with survival measured in short months. This information may be used to appropriately counsel patients in this clinical context regarding prognosis and supportive care.