Searching for answers!

Douglas J. Mathisen*

Department of Thoracic Surgery, Massachusetts General Hospital, Boston, MA, USA

* Corresponding author. Department of Thoracic Surgery, Massachusetts General Hospital, 55 Fruit Street, Blake 1570, Boston, MA 02114, USA.
Tel: +1-617-7266826, fax: +1-617-7267667; e-mail: dmathisen@partners.org (D.J. Mathisen).

Keywords: Empyema • Pleural infection • Lung

This is an editorial comment on the EACTS expert consensus statement for surgical management of pleural empyema, published in this issue of the journal [1].

Empyema is a major problem worldwide. It presents in developed and underdeveloped countries alike, countries with unlimited resources and countries with minimal resources to manage this problem, respectively. Doctors today taking care of patients with the spectrum of presentations of empyema need guidance regarding therapeutic options and when they are appropriate. Ideally, randomized prospective studies would answer many of the questions...
regarding the type of treatment, timing, management of tubes, antibiotics and duration of hospitalization. Unfortunately, empyema occurs infrequently enough, is seen by multiple different types of specialists and involves numerous variables. Single-institution studies often involve small numbers of patients and institutional bias, and exclude other specialists treating the problem. This singular point of view may be valuable, but is of limited value for the practitioner with a single patient. We have to rely on other methods to analyse the problem. Consensus taken by a group of senior surgeons imparting their personal experience and extensively reviewing the available literature is one such method. Consensus statements, by definition, imply that there may be disagreements among those involved, but that general principles can be agreed upon; hence, a consensus is achieved. Those physicians treating patients are looking for advice and a comprehensive review of the literature to help guide them in the management of an individual patient. Without such a document, the clinician may call upon a single surgeon or look up a related article. With this document [1], they have the wisdom of 11 surgeons, their experience and their interpretation of the literature to guide them. This paper fulfills that objective.

REFERENCE