

STANDARD TREATMENT WORKFLOW (STW)

Adult Pleural Tuberculosis

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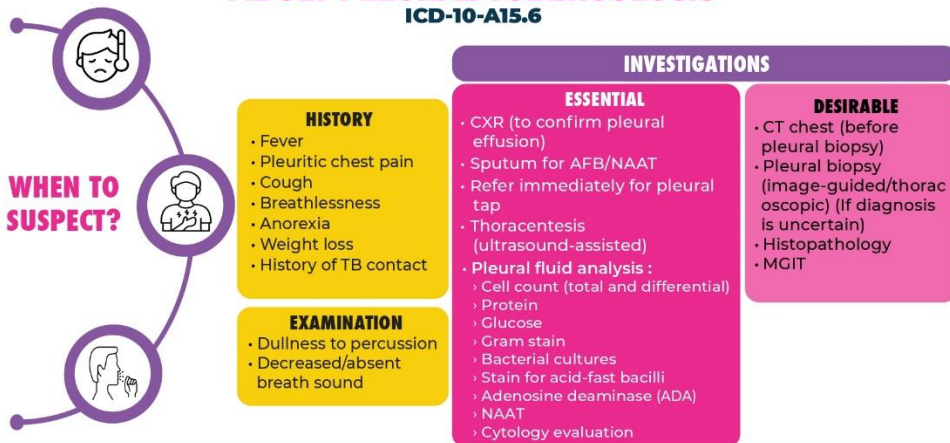


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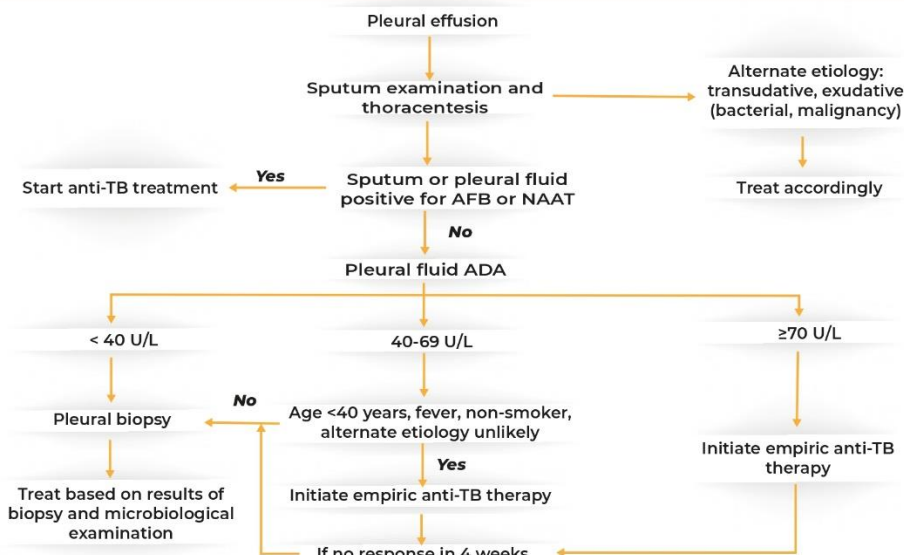


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Standard Treatment Workflow (STW) for the Management of ADULT PLEURAL TUBERCULOSIS ICD-10-A15.6



DIAGNOSTIC



MANAGEMENT

TREATMENT AND RESPONSE

- As per NTEP
- Therapeutic pleural tap can be done under ultrasound assistance if the effusion is large, and the patient is breathless

WHEN TO REFER?

- Facility for ultrasound assistance is not available
- Diagnosis is not established after thoracentesis and facilities for pleural biopsy is not available
- Drug-resistant TB is detected: according to NTEP
- Worsening pleural effusion on follow up

FOLLOW UP

- Most patients who respond to treatment will have improvement in their general condition by 2 weeks, and significant improvement in pleural effusion by 4-8 weeks
- Disappearance of constitutional symptoms with decrease in pleural effusion suggests responsiveness to treatment
- Increase in pleural effusion can suggest
 - Paradoxical reaction or
 - Drug-resistant TB or
 - Alternative etiology
- A follow up CXR at 4-8 weeks after starting ATT is useful to assess progress

ABBREVIATIONS

ADA: Adenosine Deaminase	CT: Computed Tomography	NAAT: Nucleic Acid Amplification Test
AFB: Acid-fast Bacilli	CXR: Chest Radiograph	NTEP: National Tuberculosis Elimination Programme
ATT: Anti Tubercular Treatment	MGIT: Mycobacterial Growth Indicator Tube	TB: Tuberculosis

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This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.icmr.org.in) for more information.
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