



# Diagnosing and managing pleural disease

Brian D. Kent<sup>1,2</sup>

<sup>1</sup>Dept of Respiratory Medicine, St James' Hospital, Dublin, Ireland. <sup>2</sup>School of Medicine, Trinity College Dublin, Dublin, Ireland.

Corresponding author: Brian D. Kent ([kentbr@tcd.ie](mailto:kentbr@tcd.ie))



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This issue of *Breathe* focuses on the management of pleural disease <https://bit.ly/4a7dh1S>

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*Breathe* passed an exciting milestone in 2023, with the journal being awarded its inaugural journal impact factor (JIF) in the latest edition of Clarivate's Journal Citation Reports. Whilst *Breathe* is unlikely to have the *New England Journal of Medicine*, or indeed our big sister journal the *European Respiratory Journal*, looking over their shoulder any time soon, it certainly represents a landmark in the journal's development. There are obvious potential benefits to this: it may be institutionally important to some of our authors that they publish in journals with reportable JIFs, and *Breathe* is likely to become a more attractive target for submission of high-quality unsolicited educational manuscripts as a consequence of the JIF. However, it is also clear that *Breathe's* mission within the European Respiratory Society (ERS) family of journals is quite distinct from building citation metrics. *Breathe's* role has been, and should remain, providing accessible and digestible clinical educational content for respiratory professionals around Europe and the world. Our success or failure in helping readers learn more about the care of people with respiratory disease will not be solely captured by how often articles end up being cited. Consequently, whilst having a growing JIF would give the *Breathe* editorial team something to boast about at cocktail parties, it should never become a distraction from our core role.

This issue of *Breathe* is centred around the management of pleural disease. Over the past two decades huge strides have been made in this field, with particularly prominent roles played by clinicians in Europe and Australia. An example of this is the management of primary spontaneous pneumothorax (PSP), which historically involved patients being dragged into hospital for days on end to be tortured with needles and drains. As outlined in an excellent and highly readable review from SHORTHOSE *et al.* [1], ambulatory, outpatient management is now a mainstream evidence-based approach to the care of PSP. They also discuss other important clinical scenarios, with discussions of the management of persistent air leak and of recurrence prevention being of particular relevance.

Managing pleural infection can be a tricky business, but as discussed by ELSHEIKH *et al.* [2], a series of pivotal trials have allowed a much better understanding of the complementary roles of medical therapies and surgery in surmounting this challenge. Other highlights of this review are comprehensive discussions of diagnostic approaches in suspected pleural infection and of pleural microbiology. Another challenging pleural scenario often faced by respiratory clinicians is diagnosing and managing malignant pleural disease. A forthcoming review by Piggott and co-workers will examine how diagnostic and therapeutic strategies can help alleviate symptoms and improve quality of life for people with malignant pleural disease.

Dealing with pleural disease is made substantially more straightforward by easy access to tools like thoracic ultrasound, but much of the *Breathe* readership will be all too aware that a huge proportion of the global burden of pleural disease has to be dealt with in resource-limited environments. SHAW *et al.* [3] outline practical approaches to the diagnosis and management of malignant pleural effusions in resource-constrained settings, while McNALLY *et al.* [4] examine the unique clinical challenges posed by pleural tuberculosis.

We also have pleural-themed early career member content in this issue, with our Landmark Papers in Respiratory Medicine article by FALSTER *et al.* [5] highlighting a series of key papers which have seen



thoracic ultrasound advance from being the preserve of our veterinary colleagues to a critical bedside diagnostic tool. This issue's Journal Club takes an in-depth look at trials evaluating antimicrobial strategies and the use of oral corticosteroids in pleural infection [6]. Finally, from a pleural perspective, PIETERSEN *et al.* [7] report on how the ERS training programme in thoracic ultrasound led to improved theoretical knowledge and technical competency amongst participants.

Our paediatric content in this issue looks at vaping and at asthma biomarkers. WHITE *et al.* [8] look at the current evidence about vaping in children, and draw particular attention to how the legislative vacuum around vaping in many countries leaves children and adolescents exposed to being targeted by the nicotine industry. Meanwhile, FRASER *et al.* [9] give an overview of what we know about using fractional exhaled nitric oxide measurement to help diagnose and manage asthma in paediatric populations.

We think there is plenty of high-quality clinical educational content in this issue of *Breathe*, and hope you enjoy it. Upcoming issues will focus on imaging in lung disease and on thoracic malignancy.

Conflict of interest: B.D. Kent has participated in advisory boards and/or received speaker fees from AstraZeneca, Chiesi, GSK, Novartis, and Teva; has received educational travel bursaries from Boehringer Ingelheim, Chiesi, and Napp; and has received research funding from Itamar Medical.

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