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Diagnostic value of adenosine deaminase in tuberculous and malignant pleural effusion

By

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Abstract

Introduction: Tuberculosis (TB), the single most frequent infectious cause of death worldwide, also is a major cause of pleural effusion, which in TB usually has lymphocytic and exudative characteristics. Differential diagnosis between TB and non-tuberculous pleural effusion can be sometimes difficult, representing a critically important clinical problem.

Aim of the work: To evaluate the clinical utility of pleural INF-c level in pleural fluid for diagnosing tuberculous pleuritis.

Subject and methods: The study was conducted in kasr El-Aini hospital, Cairo University in the period from January ٢٠١١ to January ٢٠١٢. It was carried on ٤٠ patients. The patients included in the study were classified into group I (included ٢٠ cases with tuberculous pleural effusion) and group II (included ٢٠ cases with non tuberculous pleural effusion). All patients were subjected for complete history taking and clinical examination, chest X-rays PA and lateral views, pleural fluid aspiration and analysis.

Result: Our results demonstrate that the pleural fluid concentrations of ADA, INF-c in patients with tuberculous pleural effusions are significantly higher than in other effusions. Most importantly, ROC analysis clearly demonstrated ADA to be more sensitive and specific than INF-c for diagnosis of tuberculous pleuritis