LETTER TO EDITOR

Initial Management of Spontaneous Pneumothorax – Role of the Thoracic Surgeon

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We read with interest Tengku Ismail *et al's* recent national survey article on initial management of spontaneous pneumothorax (SP) [1]. Given the paucity of data regarding prevalence and outcomes of SP in Malaysia, the authors should be commended for raising local awareness of this important and relatively common condition, and for highlighting the lack of awareness regarding contemporary treatment guidelines. The authors quite rightly suggest judicious adoption of international guidelines into local practice however the availability or perceived lack of cardiothoracic (CT) surgeons is less relevant in the initial management of SP.

A cardiothoracic surgical opinion should be actively sought for management of complicated SP and surgery is indicated for patients with a persistent air leak or if the underlying lung fails to re-expand despite adequate drainage. Other indications for surgical intervention include a recurrent ipsilateral SP, first contralateral SP, bilateral SP and to treat associated complications including a haemothorax or empyema. It should be possible to safely transfer all such patients to a regional CT unit for definitive treatment following prior consultation. Currently nationally there are ten major CT units (including six Ministry of Health regional departments) in addition to numerous private facilities hence no SP patient should be denied access to specialist CT care if required.

The British Thoracic Society (BTS) and American College of Chest Physicians (ACCP) guidelines [2,3] are well validated evidence based guidelines that are easily accessible online and should be familiar to all junior doctors and non respiratory specialists. This will ensure patients are appropriately referred to chest physicians and/or thoracic surgeons in a timely manner. Interestingly a recent survey in the UK suggests a lack of compliance with the BTS guidelines with resulting inappropriate delays in referral to thoracic surgeons, similar to our own experience here [4,5]. Clearly more needs to be done like Ismail *et al's* questionnaire survey to raise awareness amongst junior doctors, general practitioners and physicians in district general hospitals to expedite referrals as this is clearly in the patients' best interests.

Our own national guidelines is the next logical step and should meaningfully incorporate pertinent recommendations from British and North American guidelines [2,3].

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