



Management of IPC-Related Infectious Complications



Best practices:



- Obtain pleural fluid for microbiological studies—optimal method unclear
- May keep IPC in place while treating most infections
- No need to prophylactically remove IPC in patients undergoing chemotherapy

Cellulitis or exit site infection:



- Treat with antibiotics
- Include coverage of typical skin pathogens
- Antibiotic duration of 7-10 days
- IPC removal only with antibiotic failure

Catheter-related pleural space infection:



- Continuous IPC drainage
- Instill fibrinolytics and DNase if inadequate drainage
- Empiric broad spectrum antibiotics until microbiological results are available

When to consider removal of IPC:



- Tunnel tract infection
- Poor catheter drainage despite fibrinolytic use
- Persistent sepsis despite antibiotics and continuous IPC drainage

Miller RJ, Chrissian AA, Lee YCG, et al. AABIP evidence-informed guidelines and expert panel report for the management of indwelling pleural catheters. *Journal of Bronchology & Interventional Pulmonology*. 2020;27(4):229-245. doi:10.1097/lbr.0000000000000707

Gilbert CR, Wahidi MM, Light RW, et al. Management of indwelling tunneled pleural catheters. *Chest*. 2020;158(5):2221-2228. doi:10.1016/j.chest.2020.05.594