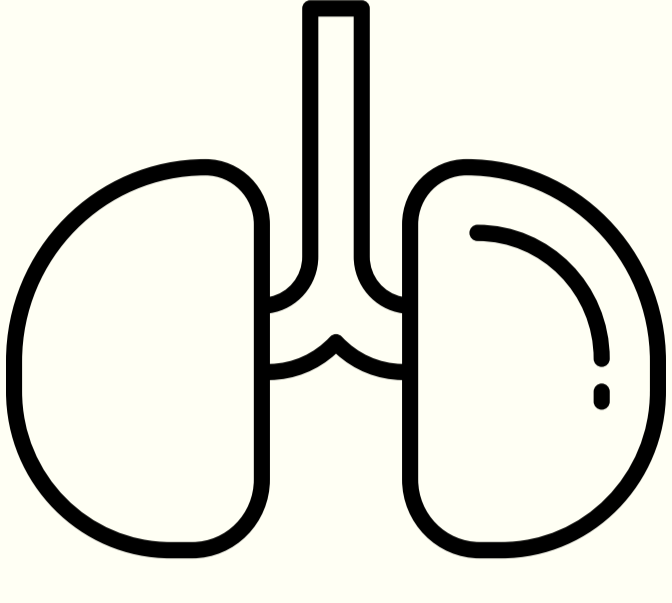
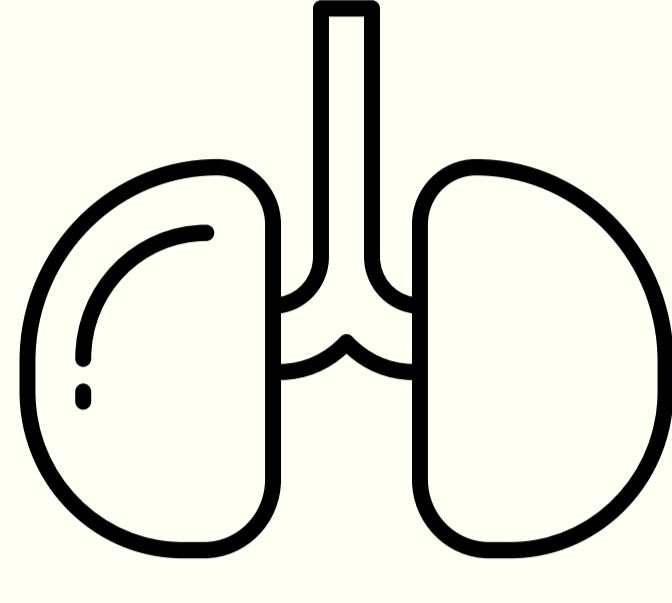


# Conservative versus Interventional Treatment for Spontaneous Pneumothorax

Brown SGA et al. for the PSP Investigators. NEJM: 382 (5). Jan 30 2020.

	<b>RCT</b>	<b>Non-inferiority design</b>	
	316 patients aged 14-50 with first <b>MODERATE</b> to <b>LARGE</b> spontaneous pneumothorax were randomized to immediate interventional management or conservative (watch and wait) approach.		

## Intervention



**100%**

All 154 patients received small bore ( $\leq 12$  French) chest drains.

**98.5%**

23/154 patients lost to follow up at 8 weeks

**15.5 Days**

Complete resolution of symptoms occurred in 93% of patients by 8 weeks at a median of 15.5 days.

**6.1 Days**

**26%**

**16.8%**

**19.2%**

**10.9 days**

## Conservative



**15.4%**

For protocol pre-specified reasons 25/162 patients received chest drains.

**94.4%**

37/162 patients lost to follow up at 8 weeks.

**14 Days**

Complete resolution of symptoms occurred in 95% of patients at a median of 14 days.

**1.6 Days**

**8.0%**

**8.8%**

**7.8%**

**6.0 days**

VS

**Chest Drain**

**Reexpansion at 8 weeks**

**Time to resolution of symptoms**

**Days in hospital**

**Adverse Events**

**Recurrence in one year**

**Received CT Scan**

**Days off work**

## BOTTOM LINE



This study provides modest evidence that **conservative management is non-inferior to chest tube placement** for moderate-large spontaneous pneumothoraces and favours all patient-centred outcomes.

