There is never anything new on primary spontaneous pneumothorax—Is there?

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We have long considered primary spontaneous pneumothorax (PSP) to be a relatively straightforward disease process, with a seemingly straightforward treatment algorithm. For most of us, it is a “two strikes and you’re out” policy, with surgical resection usually reserved for the second pneumothorax, except for some fairly uncommon clinical presentations of the disease. Surgeons in the United States generally choose from some variation of bullectomy or blebectomy and pleurodesis (with talcum instillation entering the treatment plan more often in Europe). There has been nothing new on this subject in my surgical lifetime, which dates back to the end of the last century.

Well, now we have something about PSP to discuss again! We have long been preoccupied with treatment of the disease, and most academic discourse has generally revolved around whether a good mechanical pleurodesis is equal to pleurectomy is equal to talcum perhaps? Seldom has the subject of how one actually gets the disease or who is at risk come up...until now.

In this issue of the Journal, Chiu and colleagues go on to suggest that there is an imbalance of cell–extracellular matrix interactions that seems important. How much vaguer one can be escapes me, but perhaps their guarded posture is standard when something out of left field is suddenly thrust into the spotlight, a spotlight that even on its best days shines fairly dimly on this disease.

There probably is something to MMPs and tissue damage pathways in PSP, and I think that these findings might eventually prove important. Do I think a treatment paradigm shift is on the near horizon because of these data? Hardly...but learning anything new about this disease is noteworthy.

Reference