Management of Empyema in Children: A comparison of early and late Video-assisted Thoracoscopic Surgery (VATS) .

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON20405

Source
Nationaal Trial Register

Brief title
VATS study

Health condition

pneumonia
parapneumonic effusion
Video-assisted Thoracoscopic Surgery
VATS
pneumonie
empyeem

Sponsors and support

Primary sponsor: Universitair Ziekenhuis Brussel, Brussels, Belgium
Source(s) of monetary or material Support: Universitair Ziekenhuis Brussel, Brussels, Belgium

Intervention

Outcome measures

Primary outcome

Morbidity.

Secondary outcome

1. Time to removal of drains;

2. Duration of antibiotics;

3. Duration of stay in the hospital.

Study description

Background summary

N/A

Study objective

It has been demonstrated that VATS is a good alternative treatment option for chest drainage in children with parapneumonic effusion. Clinical improvement even seems to occur faster after VATS, indicating that when VATS is performed in an early stage it might fasten clinical improvement.

In this prospective study we want to compare the clinical outcomes after early versus late VATS.

Study design

1. Hospitalization;

2. Follow-up after 1 month;

3. Follow-up after 3 months if no complete recovery after 1 month.

Intervention

Every child with pneumonia and parapneumonic effusion will be hospitalized and treated according to hospital protocol. If there is no clinical improvement 48 hours after starting intravenous antibiotics or insertion of chest drain, CT will be done, and, if needed, VATS will

be performed.

Contacts

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Eligibility criteria

Inclusion criteria

Children (6 months -15 years) with community-acquired pneumonia and parapneumonic effusion.

Exclusion criteria

1. Children aged < 6 months;

2. Trauma, thoracotomy, chronic lung disease (Cystic Fibrosis or Primary Ciliary Dyskinesia).

Study design

Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Non controlled trial

Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-10-2012
Enrollment:	50
Type:	Anticipated

Ethics review

Positive opinion

Date:	22-10-2012
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL3497
NTR-old	NTR3673
Other	MEC UZ Brussel : 2012/247
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results
N/A