**Correspondence:** K. Psathakis, Terpsichoris 61, 17341 Agios Dimitrios, Athens, Greece. E-mail: kpsazakis@hol.gr

**Statement of Interest:** None declared.

**Provenance:** Submitted article, peer reviewed.

## REFERENCES

1 Janssen JP. Why you do or do not need thoracoscopy. *Eur Respir Rev* 2010; 19: 213–216.
2 Cagle PT. Pleural histology. *In:* Light RW, Lee YCG, eds. Textbook of Pleural Diseases. London, Hodder Arnold, 2003; pp. 249–255.
3 Rodriguez-Panadero F, Janssen JP, Astoul P. Thoracoscopy: general overview and place in the diagnosis and management of pleural effusion. *Eur Respir J* 2006; 28: 409–421.
4 Janssen JP, Ramlal S, Mravunac M. The long-term follow-up of exudative pleural effusion after nondiagnostic thoracoscopy. *J Bronchol* 2004; 11: 169–174.
5 Diacon AH, Van de Wal BW, Wyser C, *et al.* Diagnostic tools in tuberculous pleurisy: a direct comperative study. *Eur Respir J* 2003; 22: 589–591.
6 Maskell NA, Gleeson FV, Davies RJ. Standard pleural biopsy *versus* CT-guided cutting-needle biopsy for diagnosis of malignant disease in pleural effusions: a randomised controlled trial. *Lancet* 2003; 361: 1326–1330.
7 Gopi A, Madhavan SM, Sharma SK, *et al.* Diagnosis and treatment of tuberculous pleural effusion in 2006. *Chest* 2007; 131: 880–889.

DOI: 10.1183/09059180.00000711

*From the author:*

I thank K. Psathakis and V. Skouras for their detailed comments. Although it has been demonstrated that the additional diagnostic yield of blind-pleural biopsy in the diagnosis of malignant pleural effusion to thoracocenthesis is limited to 7%, some pulmonary physicians persist in using this technique, also in countries with low prevalence of tuberculosis.

In my article, I stated that ''Closed pleural biopsy should no longer be used in a setting where image-guided pleural biopsies can be obtained.'' In my opinion, this statement is true for modern medicine in general. An image-guided technique, if available, is preferred over a blind procedure to obtain tissue for a histological diagnosis.

If in a situation that is getting rare in Europe and throughout the western world, thoracoscopy or image-guided biopsy facilities (computed tomography or ultrasound) are not available, closed pleural biopsy may be performed to obtain a diagnosis. Because of the poor results of this technique, and the general availability of three better options, closed pleural biopsy has been eliminated from the training programme of chest physicians in my hospital.

**J. Janssen**

**Correspondence:** J. Janssen, Canisius Wilhelmina Hospital, Post Box 9015, 6500 GS Nijmegen, The Netherlands. E-mail: j.janssen@cwz.nl

**Statement of Interest:** None declared.

**Provenance:** Submitted article, peer reviewed.

DOI: 10.1183/09059180.00001411