



# INTRODUCTION

Pleural effusion is the abnormal collection of fluid between the two layers of the pleura. It is one of the commonest problem faced by an internist today.

The etiology of pleural effusion can be broadly divided into transudative and exudative. In India, the common causes of transudative pleural effusion are congestive cardiac failure, hypoproteinemia due to malnutrition or cirrhosis and chronic renal failure leading to volume overload. Transudative effusions are usually right-sided or bilateral. Exudative effusions which are usually left-sided are most commonly caused by tuberculosis in our country. Other causes include synpneumonic effusion, malignancy, collagen disorders etc.

The dilemma of differentiating transudates and exudates has been a challenge for many years. The first criteria for the same were introduced in 1972 by Light *et al*<sup>1</sup>. Many scientists and researchers have come forth with new parameters but till date a single parameter with 100% accuracy has not been discovered. Search for such a criteria continues. In 1996, Eduardo *et al*<sup>2</sup>, have found a parameter with sensitivity and specificity more that 95 %. The absolute value of cholinesterase in pleural fluid and its ratio with serum cholinesterase level have shown very high accuracy for this basic classification. The purpose of this study is to estimate the accuracy of this parameter in Indian population and to find out its pitfalls, if any.