Serum-effusion Albumin Gradient in Separation of Transudative and Exudative Pleural Effusions

To the Editor:

We read with interest the article by Roth et al, which appeared in the September 1990 issue of Chest.1

The serum-effusion albumin gradient of 1.2 g/dl is proposed as a diagnostic tool in differentiating exudate and transudate in patients with pleural effusions, especially following diuretic therapy. The same parameter, but at a level of 1.1 g/dl, has been found useful in the differential diagnosis of ascites in cirrhosis.2

We prospectively studied 54 consecutive patients (36 men, 18 women, mean age 57 ± 11 years old) who were undergoing diagnostic or therapeutic thoracentesis to compare the useful the serum-effusion albumin gradient with that using the Light et al3 traditional criteria.

Using the Light et al criteria, 42 patients were defined as having exudates (16 malignancy, 13 tuberculosis, 9 paraneoplastic, 1 systemic lupus erythematosus (SLE), 1 rheumatoid arthritis, 1 radiation-induced, 1 Christian-Weber syndrome), and 12 as transudates (1 cirrhotic ascites, 11 congestive heart failure).

The effusion protein and lactate dehydrogenase (LDH) levels, the effusion-serum protein and LDH ratios, and the serum-effusion albumin gradient of 1.2 g/dl in each group were compared using Student’s unpaired t-test and were all significantly different (Table 1).

Using albumin gradient cutoff value of 1.2 g/dl to indicate a transudate, 22 patients were classified as having transudates. Eleven of these patients had clinical congestive heart failure and one had cirrhotic ascites. However, ten patients (four paraneoplastic, one lymphoma, one radiation-induced, two tuberculosis, one malignancy, one SLE) were misclassified as transudate. The mean albumin gradient in these misclassified patients was 1.84 ± 0.41 (range: 1.3-2.6 g/dl). In the same group, one patient with tuberculosis and one patient with paraneoplastic pleural effusion also had chronic renal failure.

Diuretic treatment of patients with congestive heart failure caused significant elevation of the protein content; in some cases, a transudate might be converted into a pseudoeffudate-high protein transudate.4,5 We performed thoracentesis immediately on identification of a patient with congestive heart failure before any diuretic therapy was given to rule out the possibility of pseudoeffudates. Therefore, we did not observe any patient with high protein transudate.

In the present study, the albumin gradient was 76 percent sensitive and 100 percent specific to indicate exudates. Light’s criteria were 100 percent sensitive and 100 percent specific at identifying exudates. The difference between the sensitivities is clearly not significant using the proportion test (p < 0.05). McNemar’s exact test showed a statistically significant difference between these two methods (p < 0.05).

In a group of 26 patients with malignant effusions, Roth et al were able to identify only two patients with an albumin gradient in the transudative range, and proposed the use of this parameter, partially in cases of congestive heart failure.

We conclude that the serum-effusion albumin gradient is a reliable criterion for differentiating exudative from transudative effusions. We found this gradient, however, compared with Light’s criteria, has a tendency to overdiagnose a transudate, and we believe the usefulness should be limited to patients suffering from heart failure.

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REFERENCES
1 Roth BJ, O’Meara TF, Cragun WH. The serum-effusion albumin gradient in the evaluation of pleural effusions. Chest 1990; 98:546-49

Table 1 — Pleural Fluid Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Exudative*</th>
<th>Transudative</th>
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</thead>
<tbody>
<tr>
<td>Pl eff LDH level (U/ml)</td>
<td>606 ± 140</td>
<td>76 ± 20</td>
</tr>
<tr>
<td>Pl eff protein level (g/dl)</td>
<td>± 1.2</td>
<td>9.2 ± 0.9</td>
</tr>
<tr>
<td>Pl eff/ser LDH ratio</td>
<td>4.8 ± 1.7</td>
<td>0.48 ± 0.4</td>
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<tr>
<td>Pl eff/ser protein ratio</td>
<td>0.65 ± 0.16</td>
<td>0.31 ± 0.13</td>
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<tr>
<td>Ser-pl eff albumin gradient</td>
<td>0.93 ± 0.62</td>
<td>1.75 ± 0.58</td>
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</tbody>
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X ± SD
*p < 0.05.