Dear Editor,

We read with great interest the commentary of by Khalid et al., (1). In the manuscript, Khalid and colleagues hold that a treatment on symptomatic malignant pericardial effusion (PE) due to advanced pericardial malignancies was a palliative approach.

Management of malignant PE is also complex. Many cardiac surgeons are not necessarily familiar with symptomatic malignant pericardial effusion. As Niclauss et al. suggested, analyzing risk factors for mortality may help to estimate the benefit of surgery in high-risk patients (2).

Currently, there is no satisfactory clinical treatment plan for malignant pericardial tumor or malignant pericardial effusion (3). So, systemic comprehensive treatment may improve the outcomes of malignant pericardial effusions, containing etiological treatment, chemotherapy and surgical pericardial window. It is particularly important to improve the quality of life of these patients with palliative treatments to extenuate symptoms.

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References


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