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| Diagnostic yield and complications rate of transbronchial forcep lung biopsy |
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| **Introduction/Aim:** Transbronchial lung biopsy under fluoroscopy guidance has been used for diagnostic evaluation of peripheral pulmonary nodules and infiltrates. However diagnostic yield reported in literature varies (18% - 75%). Reticular diseases can be non-uniform and small tissue sample can often be non diagnostic. Our aim was to review demographic of patients undergoing transbronchial lung biopsy, the diagnostic yield and complication rates at our centre.**Methods:** Retrospective review was performed to identify patients undergoing transbronchial lung biopsy between February 2022 to September 2023 at Campbelltown Hospital. Fifteen transbronchial lung biopsies were performed. 12 patients (80%) were outpatients, 2 (13%) were general ward inpatient and 1 (7%) was from intensive care. Data on patient demographics, indication, sample quality and site, diagnostic yield and complication rates were collected. **Results:** 15 transbronchial biopsies were performed (9 males, 6 females) with mean age of 58.9 years (SD±13.9 years). Adequate samples were obtained in 14/15 (93%) of cases. Indication for most cases (86.7%) was for diffuse pulmonary reticular/reticulonodular infiltrates. Two cases (13.3%) were for localised pulmonary infiltrates. A mean of 4.9 specimens (SD±1.9 specimens) were taken per procedure with largest sample size on average 2.7 mm (SD±1.3mm). No bleeding complication occurred in 12/15 (80%) of cases, moderate bleeding in 3/15 (20%) of cases. No hypoxic events occurred post procedure. Three out of 15 cases (20%) had a post biopsy pneumothorax. Of these 3 cases, two were outpatients and were discharged without intervention. One was from intensive care who required intercostal catheter insertion. For localised disease, histopathological diagnostic yield was ½ (50%) with lipoid pneumonia diagnosed. For diffuse pulmonary disease, histopathological diagnostic yield was 5/13 (38%) with 3 diagnosed with organising pneumonia, 1 with hypersensitivity pneumonitis and 1 with tuberculosis. **Conclusion:** Our audit shows transbronchial biopsy is a relatively safe procedure with a relatively low diagnostic yield in diffuse reticular/reticulonodular disease which corroborates previous research. **Grant Support:** NA |