

**Outcomes of Suspected Thoracic Malignancy Patients with Initial
non Diagnostic Bronchoscopy**

Thesis

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Diseases and Tuberculosis

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Summary

Internationally, lung cancer continues to be the leading cause of cancer-related deaths in men and women (**Fitzmaurice et al., 2015**)

The use of tobacco cigarettes is the greatest risk factor in the development of lung cancer, with up to (90%) of lung cancers attributed to smoking.(**Boyle et al.,2010**)

Lung cancer tumors are divided into two broad histological categories: NSCLC and SCLC. NSCLC represents more than(80%)to(85%) of lung cancers of which approximately 40% are adenocarcinoma.

(Rami-Porta et al., 2014)

The National Lung Screening Trial (NLST) demonstrated a (20%) reduction in lung cancer mortality using low-dose computed tomography (CT) screening.(Aberle DR et al.,2011)

The diagnostic yield of FFB varies depending on the indications and the diagnostic techniques employed. (Kebbe et al.,2017)

The aim of the study:

Assessment of the outcome of patients who suspected thoracic malignancy with initial non diagnostic bronchoscope and evaluate predictive of diagnostic bronchoscope.

Our study was held on 175 patients who were suspected to have thoracic malignancy.

All patients were subjected to:-

Full history :(age,sex,smokinghistory,comorbidities,symptomatology).

Clinical examination (general and local examination).

Ct chest report

Bronchoscopic report including: (bronchoscopic finding and bronchoscopic procedures).

In our study ,89(50.9%) patients were diagnosed by bronchoscopy,and 86(49%)patients were not diagnosed by bronchoscope, the non diagnostic group of patients followed up for one year.

In this study, Endobronchial biopsy correlated with better diagnostic yields.

Also, lung mass was the most common radiological pattern and had better diagnostic yield by bronchoscope.

In this study ,adenocarcinoma and squamous cell carcinoma were the most common types with no statistically significant difference between bronchoscope and other diagnostic methods as regarding type of malignancy.

The study showed high diagnostic yield of bronchoscope in diagnosis of patients with lung mass, endobronchial lesion or patients who had hemoptysis

Conclusion

Flexible fibroptic bronchoscope techniques is a safe procedure with high diagnostic yield in patients suspected thoracic malignancy and increase chance in diagnosis in patients with lung mass ,endobronchial lesions, took EBBX or patients who presented with hemoptysis.

Follow-up of those patients with a non-diagnostic bronchoscope is important.

The clinical implications for the pulmonologist are to follow those patients with a non-diagnostic procedure, to closely monitor them, to perform further diagnostic tests when indicated.