

2.09 Do all patients who have a transbronchial biopsy (TBBx) performed during bronchoscopy need a chest Xray: a single centre study

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Bronchoscopy is one of the most commonly performed procedures in the respiratory specialty. The risk of pneumothorax after TBBx is one of the major complications that can occur. The aim of our study is to identify risk factors for developing a pneumothorax and clinical findings indicating one has occurred. In this retrospective study, 163 patients underwent flexible fiberoptic bronchoscopy with TBBx (without fluoroscopy) with different pulmonary pathologies at UHL. We assessed patient demographics, clinical signs and symptoms, CT and bronchoscopic findings, and final diagnosis.

Of the 163 patients, 11 (6.7 %) developed a pneumothorax. 7 were male; the mean age was 69+/-2 years; 8 were ex-smokers (72.7 %). Out of 163 patients 21 patients had chest pain and 16 complained of shortness of breath. All the patients who had pneumothorax had chest pain and shortness of breath. Only 6 patients required chest drain insertion and the remainder were managed conservatively. The mean duration of hospital stays of those patients requiring chest drain were 4 days (+/-1). 7% of patients who had a TBBx developed a pneumothorax and the most common presenting complaints were chest pain and shortness of breath. We suggest that CXR not be performed routinely after TBBx, and only in symptomatic patients, and thus reducing the burden on radiology and wasting of valuable resources.

Conflict of Interest: None to declare