

**Stanetić M. , Eri Ž. :Evaluation of the transbronchial flexible-needle aspiration biopsy in lung cancer diagnostics. 11<sup>th</sup> Annual Congress, 2001, European Respiratory Journal**

Endoscopy samples of indirect or hardly reachable lung lesions often have negative cytologic and histologic findings. Objective of the study was to confirm a presumption that samples obtained by transbronchial flexible-needle aspiration biopsy (TBAB) can provide a definite cytologic diagnosis of a malignancy. The samples for a cytologic analysis were taken from 50 patients by a fiber bronchoscope. The cytological findings of the samples obtained by the catheter aspiration (CA) via an Olympus NA-1C-1 flexible needle were correlated to endoscopy findings. In 40/50 patients, the endoscopy finding pointed to a malignancy. Bacteriologic and histologic confirmation of tuberculosis was obtained in 2/40 patients. A positive cytological finding of TBAB and CA samples was obtained in 32/38 (84%) and 13/38 (34%) patients respectively. Of 28 patients with an endoscopy finding designated as 'indirect signs of a malignancy', TBAB sample provided a cytological confirmation of a malignant disease in 22/28 (78%) patients and CA sample in 9/28 (32.1%) patients. Of six patients with a peripheral endoscopy finding, they all had a positive TBAB finding (100%) and a negative CA finding. Positive findings of both TBAB and CA sample analysis were obtained from all four patients with a tumor directly seen on endoscopy (100%). Of 32 diagnosed lung carcinomas, squamous, adeno and oat cell cancer were diagnosed in 15, 10 and 7 patients respectively. Transbronchial flexible-needle aspiration biopsy provides a reliable cytological confirmation of lung cancer in case indirect tumor signs or a peripheral findings are obtained on endoscopy.

Poster Discussion: Diagnostic interventional procedures (2:45 PM-4:45 PM)