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Is bronchoscopy always justified in diagnosis of haemoptysis? Response to the letter of Solidoro and Guerrero

The authors declare no financial disclosure

Dear Editor,

We have read the letter [1] commenting our research article on the use of bronchoscopy in diagnosis of hemoptysis [2], written by Paolo Solidoro and Francesco Guerrero of Turin, with great pleasure and satisfaction.

We fully agree with the Authors, that massive bleeding from the respiratory tract is a completely different category than moderate or mild hemoptysis. Certainly, in case of massive bleeding, immediate bronchoscopy is necessary, in order to implement procedures which would identify the bleeding site and take control over it, and most importantly to restore airways' patency. However, as noted by the Authors of the letter, massive, potentially life-threatening and spontaneous bleeding is rare.

We believe, the setting is of special importance. Also, some organizational issues related to locally specific pathways that patients follow to finally reach the bronchoscopy room may be important. The importance of a bronchoscopy may be different in case of emergency department (here bronchoscopy would probably be done earlier) or general pulmonary department (higher proportion of elective bronchoscopies).

On the basis of our results, it seems that in case of mild and moderate bleeding bronchoscopy is overused, or at least it is often performed too early. This is also the opinion of the Italian

group, who stated, that “in case of mild and moderate hemoptysis, an early bronchoscopy in the emergency department setting does not seem to improve the possibility to find the cause nor the localization of the bleeding source” [3]. Evidently, imaging (chest X-ray and further CT, either contrast-enhanced or HRCT, depending on the suspected cause) should be a promising procedure.

It should be emphasized, that our study had some important limitations: it reflects only one-center experience, and it was a retrospective evaluation. Prospective, multicenter study is evidently needed in order to locate properly bronchoscopy in the diagnostic process of moderate and mild hemoptysis.

Conflict of interest

The authors declare no conflict of interest.

References:

1. Solidoro P, Guerrero F. The importance of a diagnostic pathway in the diagnosis of haemoptysis. *Adv Respir Med.* 2018; 86 (6): 327–328. doi: 10.5603/ARM.a2018.0053.
2. Torbiarczyk JM, Sobczak PA, Torbiarczyk KK, et al. Is bronchoscopy always justified in diagnosis of haemoptysis? *Adv Respir Med.* 2018; 86(1): 13–16, doi: [10.5603/ARM.2018.0004](https://doi.org/10.5603/ARM.2018.0004), indexed in Pubmed: [29490417](https://pubmed.ncbi.nlm.nih.gov/29490417/).
3. Patrucco F, Gavelli F, Avanzi GC, et al. Early or delayed bronchoscopy in patients admitted to the emergency department for mild-to-moderate hemoptysis? *Panminerva Med.* 2018; 60(4): 139–144, doi: [10.23736/S0031-0808.18.03478-X](https://doi.org/10.23736/S0031-0808.18.03478-X), indexed in Pubmed: [29856184](https://pubmed.ncbi.nlm.nih.gov/29856184/).