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PRESENTING FEATURES OF BRONCHIAL ADENOCARCINOMA IN CHINESE PATIENTS

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Adenocarcinoma of the bronchus is a leading histological cell type worldwide and particularly in Hong Kong. There is, however, little recent data on the characteristics of Chinese patients with bronchial adenocarcinoma. We performed this prospective study to evaluate different parameters in Chinese patients who attended the University of Hong Kong. Altogether 80 consecutive patients (26F; mean 56.26±13.65, M 56.61±12.50 and F 55.54±16.03 yrs). 27% of the male and 85% female patients had never smoked. The presenting features were: productive cough (51%, mean duration = 64 days), haemoptysis (36%, 65 d), chest pain (26%, 76.4 d), weight loss (25%, 59.1 d), and dyspnoea (25%, 42.6 d). Physical examination revealed pleural effusion (34%), cervical lymphadenopathy (26%), finger clubbing (16%), and collapse/consolidation of one or more lung lobes (8%). All patients had abnormal chest radiology including presence of mass lesion 37.5%, pleural effusion 11.3%, collapse/consolidation 7.5%, mass lesion and effusion 26.3%, mass lesion and collapse/consolidation 5%, mass lesion with effusion and collapse/consolidation 5%. TNM staging revealed stages IIIB (26.3%) and IV (61.3). The results of this study show that bronchial adenocarcinoma patients in Hong Kong were predominantly female non-smokers who present in advanced disease. These findings should help clinicians in the investigation and management of these patients.

BRONCHOSCOPIC EVALUATION OF PULMONARY INFILTRATES IN BONE MARROW TRANSPLANT RECIPIENTS. SP Lam, CK Lee, K Tsang, AKW Lie, M Ip, WK Lam, R Liang. Department of Medicine, Queen Mary Hospital.

Background: Pulmonary complications are a frequent cause of morbidity and mortality in patients following bone marrow transplantation (BMT). We retrospectively examine the results of fiberoptic bronchoscopies and bronchoalveolar lavage (BAL) in BMT recipients with abnormal pulmonary infiltrates.

Patients: Nineteen bronchoscopies (FOB) with BAL were performed in 17 patients (8 CML, 7 AML, 2 ALL, 2 NHL) of median age 35 years between Jan 1996 and Nov 1997. 15 patients received matched sib BMT, 2 unrelated BMT and 2 auto PBSCT. Acute GvHD was presented in two while chronic GvHD in 10 patients at investigations. All patients underwent FOB for evaluation of abnormal pulmonary infiltrates with CXR showing unilateral changes in 7 and bilateral in 11 cases. The median time of BAL from BMT was 187 days (range: 22 –1631 days).

Results: Pathogens were cultured in 15 (78.9%) patients with bacteria being the commonest organisms (5 Gram +ve and 6 Gram -ve species isolated). CMV infection was found in 2 patients (both culture and PCR positive). Another 2 patients had smear positive acid fast bacilli (both also PCR +ve). *Candida albicans* was cultured from 1 patient. There were 4 patients no pathogens isolated. 5 patients died eventually from respiratory illness (4 bacterial and 1 CMV) despite appropriate anti-microbial therapy. Minor complications occurred in 4 patients with mild desaturation requiring additional oxygen therapy and one with transient bleeding. Late complications included pneumothorax after transbronchial biopsy and exacerbation of underlying heart failure in another 6 hrs after procedure.

Conclusion: Bacteria were the most commonly identified pathogens in BAL specimen of BMT patients presented with abnormal pulmonary infiltrates. A significant proportion of patients had CMV or *Mycobacterium tuberculosis* infection. As bronchoscopy is relatively safe procedure, it should be performed early in this group of patients.