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DIAGNOSTIC YIELD AT BRONCHOSCOPY SAMPLING IN BRONCHIAL CARCINOMA

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Little is known of the diagnostic yields of bronchoalveolar lavage (BAL), endobronchial biopsy (BX) and brushing (BR) in patients who undergo bronchoscopic examination for suspected bronchial carcinoma. We have therefore evaluated this retrospectively in consecutive cases of bronchogenic carcinoma. Routine BAL, BX and BR were performed wherever possible by tow operators. The parameters analyzed include: age, sex, bronchoscopic findings, BAL, BX, BR, radiological findings, histological type, and TNM staging. Altogether 82 patients (26F; mean age 62 yrs) were recruited. Bronchoscopy was normal in 10 patients, 5 of whose BAL showed malignant cells and 2 suspicious cells.

% of cases	CC	SC	NC	ND
BAL	62.2	24.4	13.4	0
BX	46.3	2.4	14.6	36.6
BR	26.8	9.8	6.1	57.3

Table: Diagnostic yield by above sampling methods in study group (CC=cancer cells; SC=suspicious cells; NC=non-cancerous; and ND=not done)

Diagnostic yield was 86.6, 48.7, and 36.6% for BAL, biopsy and brushing respectively. The commonest cell type was adenocarcinoma (47.6%). TNM staging revealed: stage IV 62.2% and IIIB 22.0%. The highest overall yield rate for malignant and suspicious cells was BAL when the entire patient group was considered, as biopsy and brushing could not be performed in 36.6 and 57.3% of cases respectively. The results of this study are of major importance in the practice of bronchoscopists.

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LYMPHANGIOLEIOMYOMATOSIS: THE HONG KONG EXPERIENCE

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Lymphangioleimyomatosis (LAM) is a very rare idiopathic interstitial lung disease which primarily affects premenopausal women. Despite its first description in more than 50 years ago, the natural history, pathogenesis, and prognostic factors are still unclear. There has been little known on LAM in non-caucasian patients. We performed this retrospective study to evaluate the clinical features of LAM patients by case record review. LAM patients in Hong Kong were assessed during the period 1990-1997. Parameters analyzed included: age, sex, presenting symptoms, smoking history, radiological (plain radiographic and CT), and lung function test parameters. Altogether 6 patients, diagnosis by open lung biopsy, were recruited. Mean age($\pm$ SE) of disease onset was 32.83 $\pm$ 3.19. None of the patients had ever smoked. The presenting features were dyspnoea (n=2), pneumothorax (2), and chylothorax (2). All patients had abnormal chest radiology on presentation: hyperinflation with diffuse reticular shadow, and cystic spaces. CT of the thorax (n= 4) showed diffuse thin walled cyst with or without normal intervening lung tissue. The mean duration from clinical presentation to diagnosis was 24.33$\pm$6.78 months. Two cases were also diagnosed to have tuberous sclerosis. We conclude that LAM affects predominantly Chinese female patients of reproductive years, similar to the western experience. The mean delay between initial presentation and correct diagnosis was about two years indicating the lack of alertness of physicians. These findings will help clinicians diagnose LAM. However this need to be verified in large scaled studies.