

Title	Bronchoalveolar lavage is a safe and effective sampling modality for the diagnosis bronchial carcinoma
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	thology Depa	er. The former mediaemia an	and hypocalc study group.	ater loading of of distilled wat three 15-min	then injected a were readmitte ional of 150 m	iazide was srval. Blood	absorption = oride	patient 2	6.296 0.7589	1.986	of sodium before / after 50 mg thiazide p.o.)	patient 2	1.32	1.205		ypokalaemia, c d from table 1	maximal wate	s compared wi grees. Thiazide	itrol while functional	man syndrome ss in a Chinese	gested that we lecular genetic
an syndrome	, *A Chan II, *Clinical Pa	and her broth:	hypokalameia ble age to the	ived an oral w alent amount o minimal levels	ivi bolus was ter all subject owed by addit	ction 50 mg th at 30 min inte	al Chloride re cretion of chl	patient 1	6.605 0 7642	1.67	efore / after 50	patient.1	0.88	0.915		on persistent h was conclude	neration upon	vas unpaireu a of different deg	ENa in the coi h reports non-	lies with Gitel	ble 2 also sug syndrome. Mo
with Gitelma	aw, CC Chan istian Hospits	f index patient	found to have re of compara	h subject rece rally by equiv ed stable and	ssemide 40mg . One week la lled water foll	sal urine colle were collected	ACL = fraction = fractional ex-	control 3	17.9 0.94	0.8167		control 3	5.32	0.53		pected based of pocalciuria. It	free water ge	retic, though o	ncrement of F consistent wit	r among fami nan syndrome	ular defect. Ta in (Gitelman
two siblings.	C Tsang, ST I ss, United Chr ong, China	p consisted of d with nersist	ptomatic and as control we	rnight fast eac vas replaced o nolarity reach	learance. Furc ere performed 00 ml of distil	wo 30 min bas rine samples v	· clearance, FA nce), FEcl % :	control 2	16.744 0.939	0.653	onal excretion	control 2 1 355	5.12	0.35	10.0	rome was sus essure and hy	had impaired	rpuon or solu oop acting diu	with postive n group. This is	co-transporte the first Gitelr	inct distal tubi y magnesium
nce studies in	iYW Kam, Co ne & Geriatric pital, Hong K	he study grou	tter was asym s volunteered	dy: after over oided urine w hen urine osn	ned as basal cl n clearance we r loading by 5	e test. After tv x additional ur unltaneously	nal free water hloride cleara	control 1	18.81 0.93	1.33	FE Na (fractio	control 1	3.56	0.45		ritelman syndi rmal blood pr	(study group)	ubules reapso esponsed to lo	in the groups '	nsitive Na-C1 we reported t	ated with disti reduce urinary
9.7 Water clearance studies in two siblings with Gitelman syndrome	<u>MW Tsang</u> , YW Ho, GYW Kam, CC Tsang, ST Law, CC Chan, *A Chan Department of Medicine & Geriatrics, United Christian Hospital, *Clinical Pathology Department, Princess Margaret Hospital, Hong Kong, China	Case control study: The study group consisted of index patient and her brother. The former was admitted because of terany associated with persistent hypoleania, hypomagnesiaenia, and	hyocalciuria and the latter was asymptomatic and found to have hypokalameia and hypocalcuria. Three medical students volunteered as control were of comparable age to the study group.	Clearance study: after overnight fast each subject received an oral water loading of 20ml/kg of body weight. Each voided urine was replaced orally by equivalent amount of distilled water until the end of the study. When urine osmolarity reached stable and minimal levels, three 15-min	clearance were performed as basal clearance. Furosemide 40mg ivi bolus was then injected and three additional 10 min clearance were performed. One week later all subject were readmitted for thiazide test with water loading by 500 ml of distilled water followed by additional of 150 ml every	hour until the end of the test. After two 30 min basal urine collection 50 mg thiazide was administered orally. Six additional urine samples were collected at 30 min interval. Blood samples were taken simultaneously.	Table 1 CH20 = maximal free water clearance, FACL = fractional Chloride reabsorption = $(CH20/CH20 + C \text{ cl}, \text{ chloride clearance}), FEcl \% = fractional excretion of chloride$		CH20 ml/min Facl %	FEc1%	Table 2 Thiazide Test: FE Na (fractional excretion	nre	post	u Mg mmol /1 pre		Diagnosis of Citelman syndrome was suspected based on persistent hypokalaemia, chronic metabolic alkalosis, normal blood pressure and hypocalciuria. It was concluded from table 1, that	patient and her brother (study group) had impaired free water generation upon maximal water dimensioned the discolorized enhances of colorized on the concerned with	durests and the distal tubutes reabsorption of source (chronice) was impaired as compared with controls. Both groups responsed to loop acting diuretic, though of different degrees. Thiazide	test clearly distinguished the groups with positive increment of FENa in the control while practically no response in the study group. This is consistent with reports non-functional	mutation in thiazide-sensitive Na-C1 co-transporter among families with Gitelman syndrome. In this case controls study we reported the first Gitelman syndrome of two siblings in a Chinese	family. They are associated with distinct distal tubular defect. Table 2 also suggested that we can use thiazide diuretic to reduce urinary magnesium in (Gitelman syndrome. Molecular genetic
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9.6 Bronchoalveolar lavage is a safe and effective sampling modality for the diagnosis of bronchial carcinoma	<u>KWT Tsang</u> , B Lam, *MP Wong, *CGC Ooi, MSM Ip, #KN Chan, WK Lam University Departments of Medicine, *Pathology, *Pediatrics and *Diagnostic Radiology, The University of Hong Kong, Hong Kong, China	Objectives: Bronchial carcinoma is the commonest lethal cancer in Hong Cas		e	conducted a prospective study to evaluate the diagnostic yield of these clear sampling modalities in 100 cases of clinically proven cases of bronchial carcinoma. Methods: Routine BAL, BX and BR were performed wherever possible in thiaz	or. The parameters analyzed include: age, sex BAL, BX, BR, radiological findings, histological	type, and 1.NM staging. Ta Results: Altogether 100 patients (26F; mean age 62 yrs) were recruited. (C Bronchosconv was normal in 10 patients 5 of whose RAL showed malionant	cells and 2 suspicious cells.		20 11 12 4	2.4 14.6	98 61		lable. Diagnostic yield by above sampting 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		rate for malignant and suspicious cells was BAL when the entire patient contre evenin was considered as bionsy and brushing could not be nerformed in 36.6		Conclusion: We conclude that BAL is a highly sensitive and effective mode defined by the of bronchoscopic sampling even in the absence of bronchoscopically visible defined by the other sense of bronchoscopical senses of the other senses of bronchoscopical senses are concluded by the other senses of the other senses of the other senses of bronchoscopical senses are concluded by the other senses of the other sense of the other senses of the other senses of the other sense of the other senses of the ot	