

**Conclusion:** Within the limits of retrospective analysis primary lung cancer is a more common form of lung cancer in this review. The commonest histological type being adenocarcinoma.

Late presentation with extensive disease and a large diagnostic time was observed from admission to working up the patient and commencing treatment /death.

There is a great need for training of physicians in diagnostic procedures and treatment of lung cancer in resource poor countries. Smoking either actively or passively should be discouraged.

**P1-010 Chest Medicine and Intervention Posters, Mon, Sept 3**

**Fiberoptic bronchoscopy as standard procedure in staging of carcinoma of the esophagus**

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Fiberoptic bronchoscopy is standard endoscopic procedure in staging of carcinoma of the esophagus. In the bronchoscopy department of our Institute more than 3800 bronchoscopies are completed annually. In the 2005 to 2006 bronchoscopic staging of carcinoma of the esophagus was performed in 141 patients: 120 male 21 female. Normal endoscopic appearance existed in 105, direct signs of tumor in 21 and indirect signs in 14 patients. One patient had esophagobronchial fistula. Infiltration of mucosa was established in 14, tumorous vegetation in 7 patients. In the group of patients with direct signs, squamocellular carcinoma was found in 13 patients. Localisation of direct signs of tumor: trachea in 7, main bronchi in 6 and lobar bronchi in 8 patients. Indirect signs were present in trachea in 8, main bronchi in 3 and lobar bronchi in 3 patients. Fiberoptic bronchoscopy is inevitable diagnostic procedure in staging of esophageal cancer, which is safe, precise and easily applicable. It should be done in all patients with this malignancy. Indirect signs should be interpreted with caution, as some of them doesn't contraindicate the operation

**P1-011 Chest Medicine and Intervention Posters, Mon, Sept 3**

**Is pleurodesis an efficient therapy in general practice?**

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**Background:** Pleurodesis is the treatment of choice for malignant pleural effusions. In study populations, talc seems to ensure effective pleurodesis in up to 95% of cases. However, data on patient selection, decision rules before and during the drainage procedure and effectivity score are not always included in published papers on pleurodesis. In the Netherlands, the national guideline "Malignant pleurisy", published in 2003, recommended e.g. to perform a diagnostic pleurocentesis before to proceed to pleurodesis and to perform a talc pleurodesis when the lung is completely aligned to the thoracic wall. In this study we measured the compliance to the guideline and the effectiveness of pleurodesis in current practice.

**Methods:** In four hospitals, all patients with (suspected) malignant pleurisy who were drained with the intention to perform a pleurodesis, were prospectively registered. Diagnostic procedures, decision making

during the drainage and outcome were monitored and compared to the guideline.

**Results:** We prospectively followed 100 patients from February 1st to November 30, 2006. All patients had a histologically or cytologically confirmed malignancy. LDH, pH and protein levels in pleural fluid were known in 84, 75 and 68% respectively before drainage or were determined during the procedure as recommended in the guideline. Malignant pleurisy was confirmed cytologically in 58 patients, histologically in 5 and was clinically suspected in 35 patients. In 75 patients a pleurodesis was performed. Reasons for not performing a pleurodesis were trapped lung in 15 patients, high fluid production in 3, alternative diagnosis or unable to obtain a cytologic confirmation of the diagnosis in 6 patients. Pleurodesis was performed with 2, 3 or 5 gr talc slurry at a median interval of 3 days (range 0 - 15 days) after start of the drainage. The drain was removed after 5 days (range 2 - 21 days) in case of pleurodesis and after 4 days (range 0-9 days) when no pleurodesis was performed. A recurrence of pleural fluid was seen in 27 patients (36%), with a mean of 17 days after pleurodesis (range 2-285 days); in 11 (14%) patients no radiological follow up was performed; 14 out of 44 patients who had pleurodesis and no documented recurrence of pleural fluid died during follow up with a median survival of 61 days (range 13 - 174 days). The most frequently reported side effect during drainage was local pain. Ten late complications were reported: one empyema and one tumor growth into the scar of the drain were the most severe.

**Conclusions:** Compared to literature data, pleurodesis seems considerably less effective in general practice. Parameters predicting the success rate of pleurodesis are not always known and do not affect clinical decision making. Future studies should focus on proper selection of patients for drainage and pleurodesis. Guidelines should also include alternative treatment options such as chronic indwelling pleural catheters.

**P1-012 Chest Medicine and Intervention Posters, Mon, Sept 3**

**Bronchoscopy for bevacizumab-related hemoptysis**

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Bevacizumab is the first anti-angiogenic agent inhibiting vascular endothelial growth factor (VEGF) for treatment of patients suffering from cancer. Life-threatening hemoptysis is the most serious adverse effect of bevacizumab. The inhibition of VEGF is a possible mechanism involved in the destruction of normal lung tissue and subsequent hemoptysis. We report a case of bevacizumab-related hemoptysis and associated bronchoscopic findings that were successfully treated with rigid bronchoscopy and laser photocoagulation.