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Title: A survey of outcome of CT guided lung biopsies in a tertiary centre

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Body: Background: CT guided biopsy is a widely used method of taking biopsy from peripheral lung lesions and is usually safe. In addition to keeping an acceptable hit rate with low complication, it is important that a satisfactory amount of tissue material is obtained to meet the need of increased number of immunostaining (EGFR, ALK). Objective: Evaluation of practice of CT guided biopsy in our hospital in the last 12 months. Method: We analysed the outcome of all CT guided lung biopsies between Dec'11 and Dec'12. Data were derived from lung cancer database and PACS(radiology system). Results: Total of 105 patients (Age 70+/-10; male–53) underwent the procedure. Mean FEV1 was 80% predicted, 4/105(3%) had FEV1 <40%. Seventy eight(74%)patients had been detected with lung cancer, 19 (18%) had benign diagnosis, 6(5%) had other cancers and 2(1.9%) samples were inadequate. In addition to these two, another patient had the procedure repeated as MDT was not convinced about the initial benign diagnosis. 51(48%) patients had adenocarcinoma and in 41/51(88%), samples were adequate for all necessary immunocytochemistry. Ten(8.5%) had pneumothorax with a mean size of 1 cm but none needed chest drain. Twenty five(15%) had CT detected haemorrhage only. Four patients with INR>1.5 had no complication. There was no complication in patients with very low FEV1(<40%). In no patient, post surgical histology was different. Conclusion: In this tertiary centre, CT guided biopsies have been done with lower than average complication rates. The tissue obtained were mostly adequate despite the demand for increasing amount of tissue for immunocytochemistry. Even in high risk patients, no complication was seen in this cohort in our institution.