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Title: Ultrasound-guided cutting-needle biopsy for diagnosing pleural disease: Experience in Oxford

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Body: Introduction: Definitive diagnosis of pleural disease (particularly malignancy) depends upon histological proof obtained via pleural biopsy. Image-guided sampling is now standard practice. Local anaesthetic thoracoscopy has a high diagnostic yield for pleural disease. Thoracoscopy is not always possible in frail patients, if pleural fluid is heavily loculated, or where lung is adherent to the chest wall. Such cases can be converted “on the table” to cutting-needle biopsy. Aim: The present study was conducted to determine the diagnostic yield of a physician-lead service in both planned biopsies and cases of failed thoracoscopy. Methods: Retrospective review of all ultrasound-guided cutting-needle biopsies performed in the Pleural Unit between January 2010 and November 2012. The histological results were assessed for the yield of pleural tissue. Results: A total of 32 biopsies were undertaken. Overall, 29 (90.6%) successfully obtained sufficient tissue for histological diagnosis. 14 of 32 were biopsies conducted after failed thoracoscopy (6.8% of 205 the attempted thoracoscopies): 12/14 (85.7%) obtained sufficient tissue. 8/29 (27.6%) demonstrated pleural malignancy on histology (despite previous negative cytology), while 21/29 (72.4%) were benign. Of the benign cases, six were pleural tuberculosis (TB), two were pleural sarcoidosis and the remaining thirteen were benign pleural thickening/fibrosis. All were “true negatives” (at an average of 17 months of follow-up). Conclusion: Ultrasound-guided cutting needle pleural biopsy in the hands of physicians obtains pleural tissue successfully in a high proportion of cases, including those of failed thoracoscopy.