Abstract Group: 1.4. Interventional Pulmonology

Keyword 1: Airway management Keyword 2: Bronchoscopy Keyword 3: Lung injury

Title: Temporary endobronchial embolization with silicone spigots for moderate hemoptysis: A retrospective study

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Body: Background: Management of airway bleeding is generally performed in emergency in order to prevent hypoxemia and lung flooding. When the bleeding arises from peripheral lesions, bronchoscopic options have limited curative intents. They generally precede radiological or surgical managements. Endobronchial embolization using silicone spigots (EESS) is a novel approach. Methods: We retrospectively reviewed charts of patients referred to our center for moderate hemoptysis (MH) who underwent EESS since 2008. Successful management is defined as immediate bleeding cessation. Results: From December 2008 to January 2012, 9 patients (pts) have been treated with EESS in our endoscopy unit. The etiology of MH was known for 6 cases (4 lung cancers, 1 bronchiectasis, and 1 anticoagulant overdose) and 3 were unknown. The MH originated from the left upper lobe in 4 cases, the right upper lobe in 3 cases, the right middle lobe and the left lower lobe in one case each. 13 spigots were inserted. Success rate was 78%. Of the 9 pts, 6 were then referred to interventional radiology for bronchial artery embolization, with a success rate of 83% and two were referred for thoracic surgery. One patient had EESS as definitive treatment. For the remaining 8, the silicone spigots were bronchoscopically removed after a median of 4 days. Only 2 pts had hemoptysis recurrence after a median follow-up of 107 days [13-1017]. None of the patients died from hemoptysis. There were no complications from EESS. Conclusion: EESS is an original, temporary technique that only requires a flexible bronchoscope and biopsy forceps for placement and removal. EESS allows airway protection while waiting for definitive management.