

European Respiratory Society Annual Congress 2013

Abstract Number: 4007

Publication Number: P2934

Abstract Group: 11.2. Pleural and Mediastinal Malignancies

Keyword 1: Mesothelioma **Keyword 2:** Pleura **Keyword 3:** Neoplastic diseases

Title: Malignant mesothelioma diagnosed at medical thoracoscopy – A service review

Dr. Shehnoor 25142 Tarique docshehnoor@hotmail.com MD ¹, Dr. Emma 25143 Watkins emmaanywhere@yahoo.com MD ¹, Dr. Amila 25144 Premawardhana ionescuaa@googlemail.com MD ¹, Ms. Sam 25145 Williams sam.williams@wales.nhs.uk ¹, Dr. Ian 25146 Williamson ian.williamson@wales.nhs.uk MD ¹ and Dr. Alina 25156 Ionescu alina.ionescu2@wales.nhs.uk MD ¹. ¹ Respiratory Medicine, Aneurin Bevan Health Care Royal Gwent Hospital, Newport, South Wales, United Kingdom, Np20 2UB .

Body: The incidence of malignant mesothelioma (MM) is predicted to rise. Poor prognosis means a timely diagnosis is a priority. The aim of this service assessment was to review the effectiveness of thoracoscopy in terms of diagnostic yield, agreement between pathologists, failed pleurodesis and the need for tunnelled indwelling pleural catheter (TIPC) insertion. Methods: cases of MM were identified from the cancer and the thoracoscopy databases. Data was collected prospectively for the previous 3 years. Results: 50 cases were included, 8 female, mean age 60.5 years. Awake sedation thoracoscopy (AST) was performed in 31 cases and a histological diagnosis obtained in 29. Eleven had surgical video assisted thoracoscopy (VATS), 2 were diagnosed by cell block, 2 clinico-radiological, 4 by CT guided biopsy, 1 peritoneal mesothelioma by laparotomy, 1 complex case diagnosed at post mortem. In two cases biopsies at AST were non conclusive; VATS confirmed diagnosis. Length of hospital stay after AST was less than 4 days in 70%; no serious complications occurred. The pathologists' opinion (peer review) was concordant in 100% of cases for AST biopsies. Time from initial review to diagnostic procedure was less than half for AST than VATS. Ten cases had lung entrapment and TIPC was inserted (8 AST). TIPC was in situ for a mean 5 months, 50% of patients had TIPC in situ when died. Active treatment was given in 62% of cases (2 had debulking and chemotherapy, the others chemotherapy only). In conclusion AST is a safe and effective method to obtain reliable biopsies in mesothelioma without the risk of surgery and general anaesthetic. Consideration needs to be given to TIPC insertion at thoracoscopy in cases of lung entrapment.