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Title: Bronchoscopic semantics and diagnosis of lung cancer

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Body: Introduction: Bronchoscopy is invaluable in lung cancer diagnosis but a high percentage of bronchoscopic tumour sampling procedures are still unsuccessful due to difficulties in identifying sites for sampling tissue, interpreting endoscopic abnormalities, select procedure-planning and inadequate tool selection. Aims: Evaluate bronchoscopic abnormalities according to the classic semantic terms and determine their frequency and pattern according to the different pathologic diagnosis. Methods: Videotaped flexible bronchoscopy of 115 patients with lung cancer performed during 2012 were reviewed and the findings classified as masses/nodules (M/N), airway wall infiltration (AWI), mucosal injury (MI), abnormal vascular patterns, widening spurs (WS), extrinsic compression, lumen narrowing (LN), type and amount of secretions. Results: 89 patients (77%) were male, with an average age of 60 years (± 9.96). 58 (50%) had adenocarcinoma (ADC), 27% squamous cell carcinoma (SCC) and 8% small-cell carcinoma. The most frequent bronchoscopic findings included MI (59%), LN (52%), WS (50%) and AWI (30%). 11 procedures (10%) were deemed normal. WS (57%), LN (36%) and AWI (24%) were most common in ADC, with only 7 (12%) normal exams. LN (61%), M/N and WS (35%) and AWI (29%) were most frequent in SCC with 2 (6%) normal exams. Findings indirectly associated with tumor were the most frequent finding (64% and 58% for ADC and SCC). Conclusion: Our results show a high number of ADC with central lesions. Infiltration of the airway wall was more frequent in ADC and isolated tumor mass in SCC. Most situations revealed the tumor indirectly, pointing to improvement of semantic terms and prompting to better bronchoscopic strategies.