Abstract

Introduction: Surgical lung biopsy is a technique that presents a morbi-mortality rate of considerable importance. We analyze our experience with surgical lung biopsies for the diagnosis of diffuse lung disease and the effect produced on the indications for surgical biopsy in these pathologies after the publication of the consensus of the ATS (American Thoracic Society) and ERS (European Respiratory Society) for Idiopathic Pulmonary Fibrosis (IPF). Patients and methods: We performed a retrospective review of 171 patients operated between January 1997 and December 2011. We divided the series into 2 groups: group 1 (operated between 1997 and 2002) and group 2 (operated between 2003 and 2011). Suspected preoperative diagnosis, respiratory status, pathological postoperative diagnoses, percentage of thoracotomies, mean postoperative stay and perioperative morbidity and mortality were analyzed. Results: Group 1 consisted of 99 patients and group two 72. The most frequent postoperative diagnoses were: usual interstitial pneumonia and extrinsic allergic alveolitis. There were ten (5.84%) deaths. Death was caused by progressive respiratory failure that was related to interstitial lung disease in 7 (70%) of 10 cases, alveolar haemorrhage in 2 (20%) and heart failure in 1 (10%). Conclusions: Since the publication of the ATS and ERS consensus on the IPF, we have observed a noticeable decrease in the number of indications for surgical lung biopsy. This technique, though simple, has a considerable morbidity and mortality.

Keywords

Diffuse lung disease, Lung biopsy, Surgical mortality.