FPI: diferenciem i tractem

Dr. Diego Castillo Villegas

ILD Unit

dcastillo@santpau.cat

HOSPITAL DE LA SANTA CREU I SANT PAU

UNIVERSITAT AUTÒNOMA DE BARCELONA

Institut santpau

Disclosures

1. Consultancy: No.
2. Advisory board: Boehringer-Ingelheim.
3. Lecture fees paid by a commercial entity: Astra-Zeneca, Almirall, Novartis, Roche.
4. Industry-sponsored grants: Boehringer-Ingelheim.

Interstitial lung disease guideline: the British Thoracic Society in collaboration with the Thoracic Society of Australia and New Zealand and the Irish Thoracic Society

A U Wells,[1] N Hirani,[2] on behalf of the British Thoracic Society Interstitial Lung Disease Guideline Group, a subgroup of the British Thoracic Society Standards of Care Committee, in collaboration with the Thoracic Society of Australia and New Zealand and the Irish Thoracic Society

Summary of recommendations for surgical lung biopsy in ILD

- Surgical lung biopsy, when required, should be performed before the initiation of treatment. [D]
- A confident pathological diagnosis of IPF or the other interstitial pneumonias can only be made if a surgical lung biopsy is obtained. [C]
- A confident clinical diagnosis of IPF can be reliably made in the presence of characteristic HRCT and clinical findings. [C]
- If a surgical biopsy is performed in cases of suspected interstitial pneumonia, more than one biopsy specimen must be taken from more than one site, preferably from different lobes. [C]
- Multiple multilobe lung biopsies are technically easier by VATS procedure than by open lung biopsy [D]. VATS is also associated with less early postoperative pain than open lung biopsy. [B]
- It is recommended that the precise biopsy sites are based on HRCT appearances [D]. In patients with suspected IIP, areas of intermediate abnormality or comparatively normal lung adjacent to areas of established honeycombing should be targeted with the specific aim of identifying UIP if present. [D]

10. SURGICAL LUNG BIOPSY IN ILD

A surgical approach to lung biopsy provides a significantly larger specimen than TBLB, usually without crush artefacts. In prospective and retrospective studies, surgical lung biopsy has been shown to yield pathological diagnosis in 37–100% of cases.[238 249–252] Two key considerations impact upon the decision to pursue a surgical lung biopsy in a patient with ILD: (1) the risk associated with a surgical approach and (2) the recognition that histological assessment in ILD has limitations and that the multidisciplinary integration of clinical and HRCT data, perhaps with the addition of TBB/BAL data, is often sufficient to yield a confident diagnosis.

Thorax 2008;**63**(Suppl V):v1–v58. doi:10.1136/thx.2008.101691

Gracies!

Gracias!