

DIAGNOSTIC VALUE OF DIFFERENT TYPES OF BIOPSY IN DIFFERENTIAL DIAGNOSIS OF THORACIC LYMPHADENOPATHY

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Abstract

The aim was to estimate a diagnostic value of different types of biopsy for morphological verification of diagnosis in patients with thoracic lymphadenopathy.

Methods. A retrospective analysis of statistical tickets of all "thoracic lymphadenopathy" case histories of patients, hospitalized to the clinic of National institute of phthisiology and pulmonology named after F. G. Yanovskiy NAMS of Ukraine during 2003-2012 years. It was established that for the last decade 665 patients with current diagnosis were treated at our clinic, which accounted for 1,53 % of all hospitalized patients. 105 case history records of patients, which underwent thoracic lymphatic node biopsy were selected for histological examination. 117 biopsies were performed in total: videothoracoscopic (VTS) — 46 (39,3 %), video-assisted (VATS) — 15 (12,8 %), open — 5 (4,3 %), endobronchial ultrasound transbronchial needle aspiration (EBUS TBNA) — 51 (43,6 %).

Results. The following etiology in 105 cases was revealed: thoracic lymphnode malignancy — 36 (34,3 %), thoracic lymphnode sarcoidosis — 45 (42,9 %), tuberculosis — 16 (15,2 %), secondary infectious lymphadenitis — 3 (2,9 %), aggressive fibromatosis — 1 (1 %), connective tissue disease — 2 (1,9 %), HIV lymphadenopathy — 2 (1,9 %). Diagnostic yield of videothoracoscopic biopsy was 95,7 %, video-assisted biopsy — 93,3 %, open biopsy — 100 %, EBUS TBNA — 72,5 %.

Conclusion. Thoracic lymphnode biopsy is a method of choice in examining of patients with thoracic lymphadenopathy of unknown origin, which helps to make a diagnosis in 72,5-100 % of cases, depending on the type of procedure.

Key words: thoracic lymphadenopathy, thoracic lymphnode biopsy, minimal invasive methods.

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