CT-guided transthoracic biopsies of lung lesions suspected of malignancy

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We would like to congratulate Schweigert et al. [1] for the interesting study concerning the diagnostic and therapeutic approach to pulmonary infections mimicking lung cancer recently published in the 2012 issue of the Irish Journal of Medical Science. In this study, all patients were referred to a thoracic surgeon because of a suspicion of lung malignancy. Video-assisted thoracoscopic wedge resection was performed in 6 cases, lobectomy in 5 cases and video-assisted thoracoscopic lobectomy and open wedge resection in one case each; adequate samples were recovered for specific diagnosis. However, with the technical advances in computed tomography (CT)-guided transthoracic needle biopsy (TNB) in the last two decades, this procedure has become a reliable technique for lung lesion diagnosis. It has several advantages including lower cost, lower morbidity and can be performed in an outpatient setting under local anesthesia [2]. Moreover, patients with benign lesions and those with metastatic tumors should not be exposed to perilous invasive procedures. A body of literature shows that CT-guided TNB has improved the diagnostic yields and decreased the risks of complications [3]. Cutting rather than fine needles should be selected to obtain specific diagnosis for both benign and malignant lesions [2, 4]. Chojniak et al. demonstrate that for lung lesions, sample adequacy and specificity were always better for the cutting-needle biopsy with rates of 95 and 82 %, respectively. Fine

needle aspiration biopsy yielded statistically smaller rates of 88 and 67 %, respectively ($p < 0.05$) [5].

CT-guided cutting-needle biopsy is an effective and safe method for diagnosing lung lesions. Whenever feasible, it should be indicated for therapeutic planning because it offers the possibility of avoiding an invasive procedure for both benign lesions and advanced malignancy.

Conflict of interest None.

References

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