

Morbidity And Mortality In Patients With Idiopathic Pulmonary Fibrosis Undergoing Diagnostic Surgical Lung Biopsy

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Previous studies have shown conflicting results about safety of surgical lung biopsy (SLB) in usual interstitial pneumonia (UIP)/idiopathic pulmonary fibrosis (IPF) patients.

Study design: we performed a retrospective analysis of all patients who underwent SLB between 2003 and 2013 at the University Hospital of Modena (Italy), to assess morbidity and mortality among patients with UIP/IPF, as compared to patients with other diffuse parenchymal lung diseases (non UIP/IPF).

Results: we analyzed 73 patients with (n=29) and without (n=44) UIP/IPF, in which medical history, histology, and survival status were collected. UIP/IPF was diagnosed according to international guidelines. In 59 patients lung biopsy was performed via video-assisted thoracoscopy; in 14 patients thoracotomy was conducted. No intraoperative complications were observed. Postoperative complications were not significantly different between groups and consisted of fever (n=1 in UIP/IPF group; n=4 in non-UIP/IPF group), pneumothorax (n=1 in non-UIP/IPF), pleural effusion (n=1 in non-UIP/IPF), and acute exacerbation (n=1 in both groups, who died). There was no 30-day, 60-day and 90-day mortality.

Conclusions: we conclude that surgical lung biopsy can be safely performed in patients with suspected UIP/IPF.

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