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Increasing Diagnostic Value of Transbronchial Lung Cryobiopsy

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The Editorial Comment by Torrego and Shah [1] underlines the increasing diagnostic value of transbronchial lung cryobiopsy (TBLC) in patients with diffuse parenchymal lung disease. New probes will contribute to the use of this approach also in elderly or in subjects with significant comorbidities [2]. The selection of patients to submit to TBLC is crucial. The authors report that ‘Casoni et al. [3] described a high rate of pneumothorax (28%) probably associated with cryoprobe position (closer distance to the pleura) in subjects with a radiological usual interstitial pneumonia pattern (histologically confirmed in 75% of the patients who underwent cryobiopsy).’ This sentence is, however, wrong because in our study patients selected for transbronchial lung biopsy should/could have HRCT features of ‘possible’ usual interstitial pneumonia (UIP) pattern or of ‘not consistent’ UIP pattern. Patients with

a typical UIP pattern on HRCT scan (characterized by the presence of subpleural honeycomb changes with a lower lobe predominance) were not submitted to biopsy because the radiologic aspects were, according to the guidelines and the best clinical practice, considered diagnostic ‘per se’ [4]. TBLC allowed to recognize the morphological UIP pattern in 75% of these patients.

I agree with the authors that pulmonologists need to implement studies on the diagnostic role of TBLC in patients with diffuse parenchymal lung disease trying to assess if this technique could represent a valid surrogate of surgical lung biopsy [5].

References

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