Comments on "Clinical, radiological and histopathological profile of patients with endobronchial lesions on fibreoptic bronchoscopy" by Sarma *et al.*

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Dear Editor,

The article by Sharma *et al*. [1] regarding endobronchial biopsy in 120 patients in northern India is an attempt to understand the clinical profile, etiology and pathology of the patients who presented with endobronchial findings. The article concluded that most of the population was middle-aged males with non-small cell carcinoma being the most common diagnosis. However, there are few important points to ponder and understand in the study.

Sharma *et al*. [1] suggest that their sample size of 120 is the largest from India. However, the authors have not considered the article by Muthu *et al*. [2], which evaluated endobronchial biopsy in 537 patients which turned out to have an underlying malignancy in nearly 86% of the patients. In that study, despite taking an average of 6 biopsies per patient, no diagnosis was made in nearly 8% of these patients. Sharma *et al*. [1] have not mentioned the number of biopsies taken in their study to get such a high yield of diagnosis (114/120 patients).

Hemoptysis was a presenting complaint in only 23% of the patients in the study. However, bleeding on touch was seen in more than 50% and post-procedural hemoptysis was seen in nearly 83% of the patients. Endobronchial lesions often present with hemoptysis and airway related symptoms which was not seen in the study. Moreover, the bleeding during the endobronchial biopsy was not graded and hence the severity is unknown. It has been shown in previous studies that bleeding is a common complication of endobronchial biopsy, however it is often mild [3] and does not require any treatment. The baseline coagulation and hematological profile could also have been evaluated.

There are no details regarding any additional procedures being performed with the bronchoscopy including bronchial washings, lavage, brushing, transbronchial lung biopsy or transbronchial needle aspiration. The 19 cases which had "inflammation" in pathology and the 6 cases which were labelled "normal" could have been diagnosed for the etiology if these additional tests [4] were performed. The suspected sarcoidosis patient had mediastinal lymphadenopathy which could have been sampled for needle aspiration. The yield of endobronchial biopsy is only around 20-60% in sarcoidosis [5].

However, the study concludes that the most common cause of endobronchial lesions is an underlying malignancy. While this may be because of a referral bias to the tertiary care hospital where the study was conducted, these results are in line with previous studies from India which have also reported squamous cell carcinoma as the most common underlying etiology of an endobronchial lesion undergoing a biopsy [2]. This is an important finding as despite being a high tuberculosis burden country, lung malignancies are also common in India, and it is imperative to get an endobronchial biopsy with pathological confirmation to make an early diagnosis and start appropriate therapy.

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