
Response to transbronchial lung biopsy in diffuse parenchymal lung disease: Question still remains whether to go for surgical lung biopsy or not?

Sir,

We thank Purohit *et al.*^[1] for their keen interest in our article “Transbronchial lung biopsy in patients with diffuse parenchymal lung disease without ‘idiopathic pulmonary fibrosis (IPF) pattern’ on high-resolution computed tomography (HRCT) scan – experience from a tertiary care center of North India” and for giving critical inputs.^[2] In their comments on this article, Purohit *et al.*^[1] have discussed the importance of surgical lung biopsy (SLB) in making the diagnosis of interstitial lung disease (ILD). We, too, do not deny that SLB is the gold standard in making the diagnosis of ILD. But, the fact that transbronchoscopic lung biopsy (TBLB)

and bronchoalveolar lavage (BAL) may supply critical information that leads to a confident, specific diagnosis of many types of ILD, can not be denied (including sarcoidosis, hypersensitivity pneumonitis, eosinophilic pneumonia, organizing pneumonia, pulmonary Langerhans cell histiocytosis, lymphocytic interstitial pneumonia, pulmonary lymphangioleiomyomatosis, and pulmonary alveolar proteinosis, infections, and neoplastic processes) when these findings are combined with features of the clinical presentation and HRCT imaging.^[3] A significant proportion of diagnoses obtained in our study was from this list of diseases, for which TBLB can be relied on more confidently. In our study,^[1] we diagnosed tuberculosis, sarcoidosis, aspergillosis, pulmonary

alveolar proteinosis, bronchoalveolar carcinoma, and lymphangiomyomatosis with utmost certainty.

Studies suggest that patients who are ultimately diagnosed with IPF subsequently experience worse postprocedure outcomes when compared to patients diagnosed with other forms of ILD. These data suggest that in patients suspected of having IPF, the benefits and potential complications of undergoing SLB to confirm a diagnosis must be weighed carefully against the risk of complications that are potentially life-threatening, such as triggering an acute exacerbation of IPF.^[4]

If a confident diagnosis cannot be reached after an HRCT has been obtained, a less invasive approach using bronchoscopy with BAL and/or TBLB can be diagnostic and may obviate the need for proceeding to SLB.^[4] SLBs are associated with a relatively low but not negligible risk of mortality and are also associated with potentially significant morbidity.^[4] As Purohit *et al.*^[1] have also listed various reasons for preferring TBLB over SLB, including advanced stage of disease, severity, comorbidities, etc., it seems rational that a trial of TBLB to be given in such selected patients before subjecting patients to a more invasive SLB. Patients diagnosed with IPF may be at somewhat greater risk of serious complications including death when subjected to SLB, and some reports suggest that SLB may trigger an acute exacerbation of the disease.^[5]

Purohit *et al.*^[1] have also raised a valid point regarding discrepancy of results in biopsy specimens, we would like to say that pathologists concluded the diagnosis after duly considering findings of each biopsy specimen.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Rakhee Sodhi, Girish Sindhwani

Department of Pulmonary Medicine, Himalayan Institute of Medical Sciences, Dehradun, Uttarakhand, India
E-mail: rakhee.sodhi@gmail.com

REFERENCES

1. Purohit S, Dutt N, Saini LK. Transbronchial lung biopsy in diffuse parenchymal lung disease - Question still remains whether to go for surgical lung biopsy or not?. *Lung India* 2016;33:117-8.
2. Sindhwani G, Shirazi N, Sodhi R, Raghuvanshi S, Rawat J. Transbronchial lung biopsy in patients with diffuse parenchymal lung disease without 'idiopathic pulmonary fibrosis pattern' on HRCT scan – Experience from a tertiary care center of North India. *Lung India* 2015;32:453-6.
3. Leslie KO. Pathology of interstitial lung disease. *Clin Chest Med* 2004;25:657-703, vi.
4. Nguyen W, Meyer KC. Surgical lung biopsy for the diagnosis of interstitial lung disease: A review of the literature and recommendations for optimizing safety and efficacy. *Sarcoidosis Vasc Diffuse Lung Dis* 2013;30:3-16.
5. Park JH, Kim DK, Kim DS, Koh Y, Lee SD, Kim WS, *et al.* Mortality and risk factors for surgical lung biopsy in patients with idiopathic interstitial pneumonia. *Eur J Cardiothorac Surg* 2007;31:1115-9.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code: 	Website: www.lungindia.com
	DOI: 10.4103/0970-2113.180966

How to cite this article: Sodhi R, Sindhwani G. Response to transbronchial lung biopsy in diffuse parenchymal lung disease: Question still remains whether to go for surgical lung biopsy or not?. *Lung India* 2016;33:353-4.