





Transbronchial cryobiopsy for diffuse parenchymal lung disease: 30- and 90-day mortality

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This study suggests 30- and 90-day mortality after transbronchial cryobiopsy is higher than reported, confirming concerns raised about safety in advanced diffuse lung disease. Keen attention towards patient selection and procedural planning is warranted. http://bit.ly/2ySoZNq

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To the Editor:

Surgical lung biopsy (SLB) in diffuse parenchymal lung disease (DPLD) has been associated with significant in-hospital mortality (16% for non-elective patients, 1.7% for elective patients, overall 6.4%) [1, 2]. Overall 30-day mortality from SLB is reported at 1.5–4.5% from case series and 2.4% from a large European database [3]. Transbronchial cryobiopsy (TBC) has been proposed as a safer alternative to SLB for diagnosis of DPLD [4]. Existing studies on TBC report immediate procedural complications, but data on mortality at 30 and 90 days is sparse [2]. This is a report of 30- and 90-day mortality after TBC at a large volume interventional pulmonary practice in the USA examined in relation to indices of baseline disease severity. Individual case elements that led to practice changes are described. These descriptions elucidate clinical features potentially portending an increased risk of poor outcome.

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