



## Utility of bronchial brush in diagnosis of carcinoma lung as compared with bronchoscopic biopsy and BAL in a tertiary care rural medical college and hospital.

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### Abstract:

Bronchogenic carcinoma is among the leading causes of death across the world. Early diagnosis at a lower stage definitely decreases mortality. This study was conducted to demonstrate the utility of bronchial brush in diagnosing bronchogenic ca. Material and methods: 30 patients of suspected bronchogenic carcinoma underwent fiberoptic videobronchoscopy over 1 year time (Dec 2018 to Dec 2019). BAL, biopsy and brush were planned in all. Brush was taken in all but biopsy was done only if endobronchial lesion was visible. Minimum of 2 wet fixed and 2 dry slides were prepared and sent to pathologist for further evaluation. 15 were positive for malignancy in brush, 12 in biopsy and 1 in BAL. Endobronchial lesions were observed in 13 patients. Alternate diagnosis was established in 5 cases. Bronchial brush gives faster and comparable results to biopsy although biopsy remains the gold standard.

### Biography:

Aditi completed her MBBS from Government medical college, Faridkot, India in 2009. She did her MD in Pulmonary medicine from Government medical college, Patiala, India in 2014. She worked in the topmost tertiary care research centre of India (AIIMS, New Delhi) for 3 years as senior resident. Currently, she is working as Assistant professor, Respiratory medicine department, MMIMSR, Mullana, India.



### Recent Publications:

1. Clinical profile of lung cancer in North India: A 10-year analysis of 1862 patients from a tertiary care center, May 2020, 37(3):190, DOI:10.4103/lungindia.lungindia\_333\_19
2. The time required to diagnose and treat lung Cancer in Delhi, India: an updated experience of a public referral center, December 2019 Applied Cancer Research 39(1) Follow journal, DOI: 10.1186/s41241-019-0080-5
3. Evaluating and treating lesser-income patients with lung cancer in south asia: Where are the delays? May 2018 Journal of Clinical Oncology, DOI:10.1200/JCO.2018.36.15\_suppl.e21094

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