



**M. EL HAJJAM**

**P. LACOMBE**

**Femme, 80 ans**

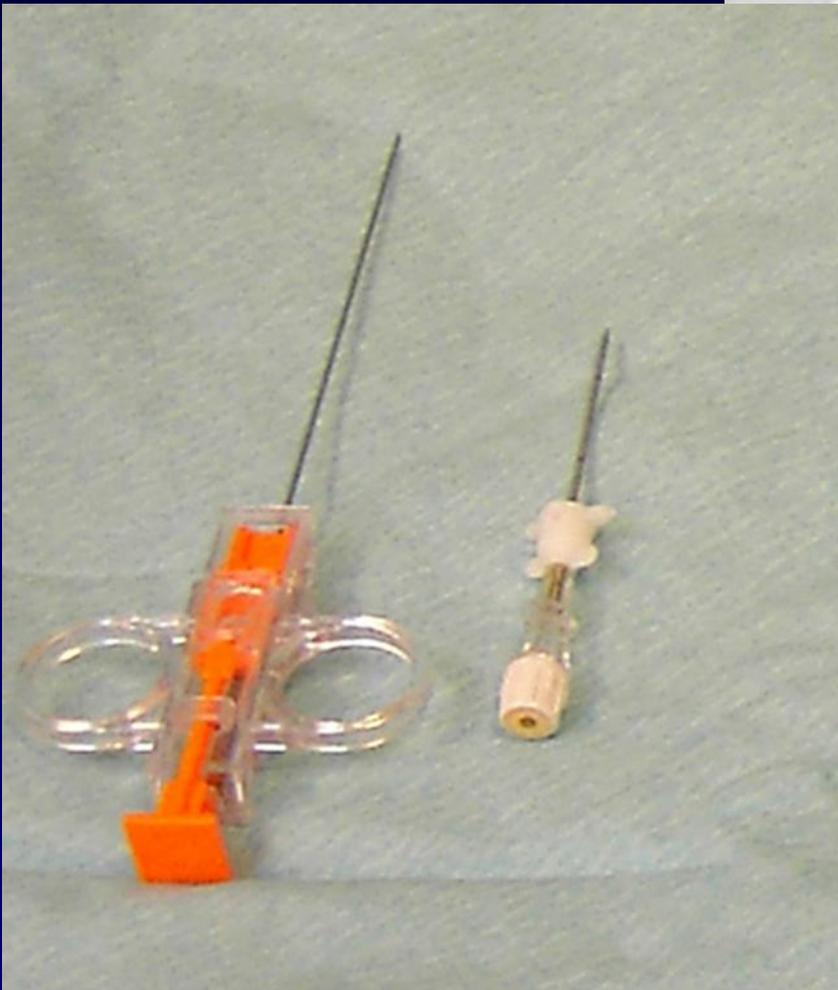
**AEG**

**Masse pulmonaire du LSD**



# Biopsie thoracique 18G

## 1<sup>er</sup> prélèvement intra-tumoral





**2<sup>ème</sup> prélèvement ; l'aiguille dépasse la lésion**



**Hémorragie alvéolaire**



**Diagnostic ?**



# Diagnostic

**Adénocarcinome**

**Minime hémorragie alvéolaire post-biopsie**

# Discussion

## Biopsies pulmonaires

- **Hémorragies alvéolaires** : Verre dépoli : 14 - 42%
  - **Hémoptysie** : 1-9.5% (1.6% sévère)
- Nécessite exceptionnellement une embolisation ou une chirurgie

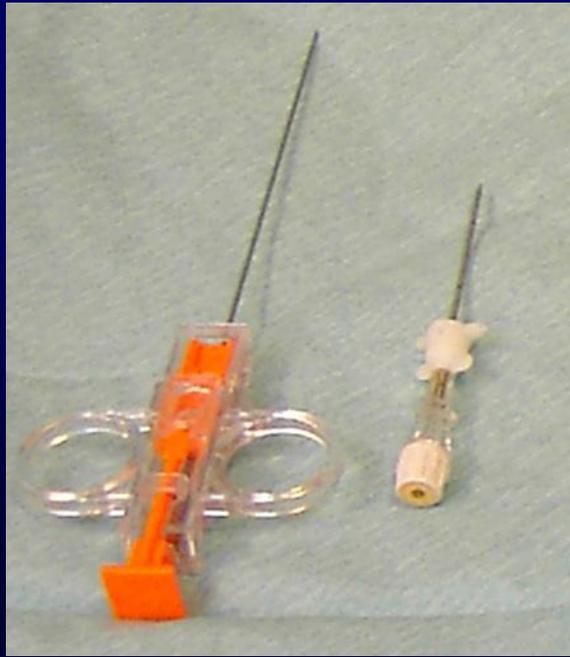
# Biopsies pulmonaires : Contrindications

- **Aspirine + Clopidogrel\***
- **Trouble de la coagulation**
- **Trouble de la conscience**
- **Patient non coopérant**
- **HTAP sévère > 50-60 mmHg**
- **Insuffisance respiratoire sévère**

**Attention au:**

- **lymphome**
- **Adénocarcinome mucineux**
- **(car condensation)**

*\*Song YS. Am J Roentgenol 2013  
Socinski MA. Chest 2013  
Manhire A. Thorax 2003*



**Aiguille co-axiale  
Semi-automatique**

# Does Antiplatelet Therapy Increase the Risk of Hemoptysis During Percutaneous Transthoracic Needle Biopsy of a Pulmonary Lesion?

Yong Sub Song<sup>1</sup>  
Chang Min Park<sup>1</sup>  
Kyung Woo Park<sup>2</sup>  
Kwang Gi Kim<sup>3</sup>  
Hyun-Ju Lee<sup>1</sup>  
Mi-Suk Shim<sup>1</sup>  
Jin Mo Goo<sup>1</sup>

**Keywords:** aspirin, antiplatelet, bleeding, biopsy, hemoptysis, PTNB

DOI:10.2214/AJR.12.8931

Received March 19, 2012; accepted after revision June 10, 2012.

This study was supported by a research grant from the Korean Foundation for Cancer Research (grant number

**OBJECTIVE.** The purpose of this article is to evaluate whether antiplatelet therapy increases the occurrence and severity of percutaneous transthoracic needle biopsy (PTNB)-related hemoptysis.

**MATERIALS AND METHODS.** Our institutional review board approved this retrospective study, with waiver of informed consent. From May 2007 to December 2009, 1251 patients undergoing 1346 PTNBs constituted our study population. Of these PTNBs, 163 were performed in patients who had suspended antiplatelet therapy for less than 10 days (mean discontinuation time,  $2.56 \pm 2.35$  days), and these patients were classified as antiplatelet agent users: 143 patients with single aspirin (mean discontinuation time,  $2.55 \pm 2.35$  days), 12 patients with single clopidogrel (mean discontinuation time,  $2.33 \pm 2.10$  days), and eight patients with dual-antiplatelet therapy (i.e., aspirin plus clopidogrel; mean discontinuation time,  $3.12 \pm 2.90$  days). The influence of antiplatelet therapy on the occurrence and severity of PTNB-related hemoptysis was retrospectively evaluated.

**RESULTS.** Among 1346 PTNBs, there were 128 cases (9.5%) of hemoptysis, including 21 cases of severe hemoptysis (1.6%). Multivariate analysis revealed that dual-antiplatelet therapy (odds ratio [OR], 10.09), female sex (OR, 1.88), smaller lesions (OR, 0.88), deeply located lesions (OR, 1.17), and the use of cutting needles (OR, 3.22) were independent risk factors for overall hemoptysis. For severe hemoptysis, dual-antiplatelet therapy (OR, 13.02), ground-glass nodules (OR, 8.86), and deeply located lesions (OR, 1.24) were proven to be independent risk factors. Single-antiplatelet therapy suspended for less than 10 days was not a significant risk factor for either overall or severe hemoptysis.

**CONCLUSION.** Single-antiplatelet therapy suspended for less than 10 days is not an independent risk factor for the occurrence of PTNB-related hemoptysis, whereas dual-antiplatelet therapy increases its risk.