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**Case Report:** NO

**OBJECTIVE:** To summit causes and flexible bronchoscopic characters of pulmonary atelectasis, meanwhile, relationships between causes and lesion sites of it for a better bronchoscopy were also discussed.

**METHODS:** The clinical data(including history characters,imaging data, bronchoscopic findings, pathological results and the methods and effect of bronchoscopic treatment) in 1360 patients with pulmonary atelectasis admitted to Xiangya Hospital between October 2006 and May 2013 was retrospectively analyzed.

**RESULTS:** ①1295 of 1360 patients could be diagnosed by flexible bronchoscopy combined with pathological examination which brought a 95.2% diagnostic rates. In all these cases, tumor took up 37.2%, while inflammation was 35.5% and tuberculosis took the other 19.9%. ②Bronchoscopic manifestations including cauliflower-like neoplasm which were caused by tumor (74.6%). Achymucosa, congestion, unsmooth were not specific findings in bronchoscopy examination. Tracheal cavity scar strictures or closures were often seen in tuberculosis (80.6%), and purulent secretions were almost caused by inflammation (92.9%). ③Bronchoscopic manifestations were also related to lesion sites of different lobes. ④Bronchoscopic treatment could be bronchoalveolar lavage, freezing and balloon dilatation, etc.

**CONCLUSION:** Flexible bronchoscopy combined with pathological examination remain the main methods for the diagnosis of pulmonary atelectasis. Manifestations of pulmonary atelectasis were related to causes and lesion sites. Bronchoscopic therapy could ease airway obstruction to some degree in which could relief pulmonary atelectasis, thus, improving respiratory function.