

# Diagnostic yield and safety of conventional TBNA in SVCS patients: experiences from a university affiliated hospital

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**Background:** Superior vena cava syndrome (SVCS) requires a timely histopathological diagnosis for appropriate management while many patients failed due to certain reasons.

**Methods:** We retrospectively evaluated the diagnostic yield and complications of conventional transbronchial needle aspiration (C-TBNA) among patients with SVCS in our hospital. From January 2009 to February 2013, 37 consecutive patients referred with clinical SVCS without a prior diagnosis underwent flexible bronchoscopy and TBNA.

**Results:** The ultimate diagnoses were small cell cancer (SCLC) in 22 patients, non-small cell lung cancer (NSCLC) in 14, and non-Hodgkin lymphoma in 1 patient. TBNA was diagnostic in all 36 patients with bronchogenic carcinoma, but not in lymphoma, which was subsequently diagnosed via bone marrow aspiration. The overall diagnostic yield of C-TBNA was 97%, and the 95% confidence interval (CI) of diagnostic yield was 82-100%. C-TBNA solely provided the diagnosis in 11 patients with NSCLC (79%), and in 12 with SCLC (55%), and confirmed the diagnosis established via forceps biopsy in 13 patients. Age, gender, radiological involvement and TBNA site were comparable in cases with and without forceps biopsy. There was no major complications related to either flexible bronchoscopy or C-TBNA.

**Conclusion:** We concluded that C-TBNA is safe and has a high diagnostic yield in SVCS caused by bronchogenic carcinoma.