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EDITÖRE MEKTUP  
LETTER TO THE EDITOR

## Timely bronchoscopic examination for a patient with hemoptysis

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A 61-year-old man was referred to our hospital due to hemoptysis. The patient told us that the amount of it needed two pieces of towels to wipe it off. It began a few days ago and continued intermittently. The patient had no medical history of respiratory disease and did not have any anticoagulants. He smoked 30-pack-year. Ground glass opacity was observed in both lungs, but it seemed to be slightly left-sided predominance (Figure 1). By one-day hospitalized observation, we confirmed continuation of intermittent bloody sputum, but not massive hemoptysis. To clarify the bronchus that the bleeding was related to, we performed an examination by fiberoptic bronchoscopy and confirmed active bleeding from left upper lobe bronchus (Figure 2). As arterio-venous malformation was highly suspected, the patient was transferred to another hospital to receive an embolic therapy. But angiographic examination showed afocal inflammatory change in left upper lobe was the responsibility lesion of the bleeding.

In some patients with hemoptysis and bloody sputum, fiberoptic bronchoscopy is useful to establish correct bleeding site and diagnosis (1,2). In performing it for them, timing to perform of the examination is not easy

due to some reasons, especially in patients with severe hemoptysis, those with scarce bloody sputum passed over time, and those without scarce findings in imaging studies.

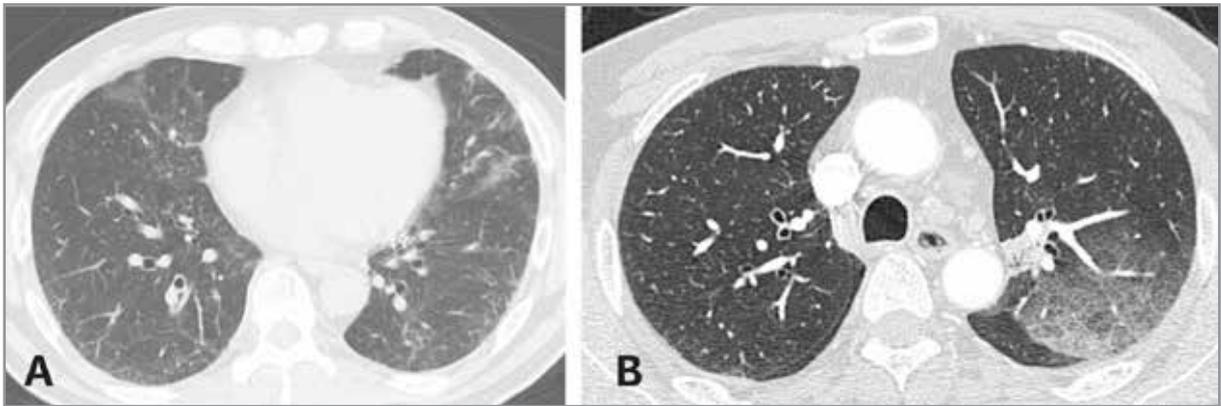
To clarify the bronchus that the bleeding is related to, on the other hand, to avoid further bleeding by the bronchoscopic examination for the patients with hemoptysis, we do suggest the necessity of consideration the following four conditions: [1] bronchoscopic examination within a week after disappearance of fresh bloody sputum, [2] bronchoscopic examination after the disappearance of hemoptysis, [3] bronchoscopic examination taking imaging studies including CT scan in to consideration, [4] carrying out the observation as short time as possible to avoid unnecessary bleeding. To establish correct diagnosis without any severe complication, chest physicians should be performed bronchoscopy appropriately.

### Yazışma Adresi (Address for Correspondence)

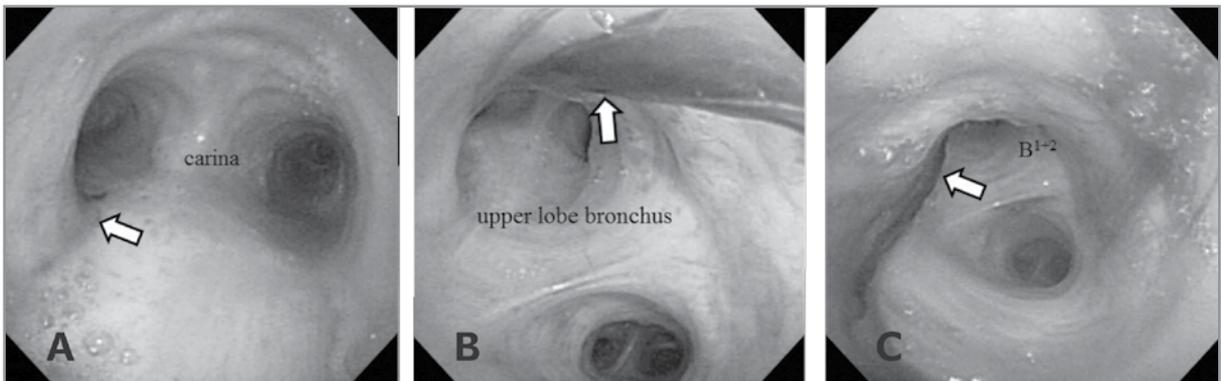
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**Figure 1.** (A) Chest CT scan showed ground glass opacity was observed in both lungs, (B) but it seemed to be slightly left-sided predominance.



**Figure 2.** Bleeding (arrow) from left upper lobe bronchus was observed in bronchoscopic examination.

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